# California
# Child and Family Services Review
# County Self-Assessment
# County of San Diego

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*"True measurement of success will be when California's communities see and treat foster children as if they were their own. The day we prevail in our mission will be the day that we monitor the health, education, well-being and overall success of foster children the same way that we do for our own children."*
*-Vision for California's Child Welfare System-*

# California's Child and Family Services Review
## County Self-Assessment

| | |
|---|---|
| **County:** | San Diego |
| **Responsible County Child Welfare Agency:** | Health and Human Services Agency (HHSA) Child Welfare Services (CWS) |
| **Period of Assessment:** | January 2004 to June 2004 |
| **Period of Outcomes Data:** | January 2004 and April 2004 State Quarterly Reports |
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# EXECUTIVE SUMMARY

## I. Background

About the Federal and California Child and Family Services Reviews

In 1995, for the first time, the federal Department of Health and Human Services Administration for Children and Families (ACF) began a comprehensive review of all state child welfare programs titled the Child and Family Services Review (CFSR). The federal review measured each state's performance against a set of desired outcomes for children and families that receive child welfare services.

Despite federal recognition for its success in placing children in permanent homes – including receipt of the Adoption Excellence Award and a $17 million bonus for increasing foster care adoptions – California failed to pass the federal review, along with the other 27 states examined.

After completion of the federal review, California created its own Child and Family Services Review (C-CFSR) aimed to improve California's child welfare system administered by counties. The C-CFSR created a new outcome-based accountability system to measure county performance in providing child welfare services. The C-CFSR adopted many of the outcomes used in the federal review and added new ones.

Main Components of the C-CFSR

*County Self-Assessment (CSA):* Every three years, each county is required to assess how it performed on each of the outcomes. The CSA is a report signed by the directors of the Child Welfare Services and Probation agencies. The Child Welfare Services agency is the lead. The purpose of the self-assessment is two-fold: first, to involve the entire community in assessing the county child welfare system's strengths and areas needing improvement; and second, to focus county efforts on those areas of need. The CSA is due to the California Department of Social Services (CDSS) on June 30, 2004.

*County System Improvement Plan (SIP):* The SIP is an operational agreement between each county and the state that outlines how the county plans to improve its system of child welfare services. Each county is required to update the state annually on its progress accomplishing the objectives of the SIP and to request changes. The SIP requires Board of Supervisors' approval and is due to the CDSS on September 30, 2004.

*Peer Quality Case Review (PQCR):* Building on the County Self-Assessment, outside experts (including peers from other counties) evaluate the County's child welfare practices and service delivery system through intensive case review to further identify strengths and areas needing improvement. It is anticipated that the County of San Diego will undergo the PQCR within the next two years.

About the San Diego County's Self-Assessment Process

Child Welfare Services (CWS), within the County's Health and Human Services Agency, facilitated the self-assessment process. To ensure the County obtained input from all participants in the child welfare system, CWS invited representatives from all aspects of

the system to participate on a County Self-Assessment (CSA) Committee. These 69 representatives represented multiple public and private agencies including child Welfare services, juvenile probation, juvenile court, community partners, law enforcement and schools.

The CSA Committee assigned members to one of five subcommittees based on the member's area of expertise and experiences. The full CSA committee and five subcommittees held 25 meetings between January 2004 and June 2004. The five subcommittees gathered and analyzed a wide variety of information to identify County's strengths and needed improvements.

For example:

- Committee members reviewed academic research and articles related to the over-representation of certain race/ethnic groups, especially African Americans, in the child welfare system.
- Committee members also reviewed the San Diego County Commission on Children, Youth and Families' 2003 survey of community partners and consumers. The survey asked respondents to estimate the size of the gap between the County's current performance and the outcomes set forth in the C-CFSR.
- CWS obtained feedback on the County's performance from individual County staff and community members who participated in CWS-sponsored trainings on the C-CFSR. CWS incorporated this information directly into the final CSA report.

Each subcommittee completed a preliminary draft for the final report and CWS compiled the findings of each subcommittee to form the CSA report. A summary of these findings follows.

## II. Summary of County Self-Assessment

### Section I. Demographic Profile and Outcomes Data

Demographic Profile

*Population*: San Diego County is the third largest county in the state with approximately 2.9 million people, including 742,584 children under the age of 18. In order to provide better services to its customers, the Health and Human Services Agency (HHSA) has divided the County into six distinct geographic service delivery regions: Central, North Central, South, East, North Inland and North Coastal. The full report provides information on the percentage of children under the age of 18 in each region and the racial and ethnic composition of each region.

*Education System*: San Diego County has 43 public school districts that enrolled 499,355 children in the 2003/2004 academic year. During this same year, 89.5% of grade 12 students graduated high school; the annual drop out rate for grades 9-12 was 2.7%; and 439 students dropped out of grades 7-8.

*Child Welfare Participation Rates*: Of the estimated 740,944 children under age 18 that lived in San Diego County in 2002,

- 59,108 of these children were referred to CWS;
- 11,090 of those children had substantiated referrals; *and*
- 2,066 of those children with substantiated referrals entered placement.

Outcomes Data

*The County Data Report*

The County Data Report serves as the basis of the self-assessment and will be used to track County performance over time. The County Data Report contains child welfare services participation rates, and outcomes grouped into five categories: safety outcomes, permanency and stability outcomes, family relationships and community connection outcomes, and well-being outcomes. On a quarterly basis, the State provides the County updated information for each outcome. The County received its first report in January 2004 and another in April 2004. The full report presents all of the data from the January 2004 and April 2004 reports.

*Analysis and Conclusions*

Below is a summary of the County's assessment of its performance by outcome. The analysis is based on information from the County Data Report and historical data obtained from the University of California at Berkeley's Center for Social Service Research (CSSR) website. This historical data was obtained to determine trends in the County's performance from 1998 to 2002. The analysis in the full report also notes patterns in the data resulting from comparisons by race, age, and gender. Also noted are issues related to the accuracy and validity of data and the influence of current social

work practices on the County's performance. Data is not available for children supervised by Probation.

The analysis and conclusions presented are preliminary. To confirm the analysis and conclusions, there is a need for further data "clean up", in-depth statistical analysis and training for social workers on proper data entry.

Outcome 1: Children are, first and foremost, protected from abuse and neglect.

- *Recurrence of Maltreatment*: The County has experienced a steady decrease in the rate of recurrence of maltreatment regardless of whether there was a subsequent referral within 12 months of a substantiated referral, or within 12 months of the first substantiated referral.
- *Rate of Child Abuse and/or Neglect in Foster Care*: Although the rate of abuse and/or neglect substantiated referrals for children in foster care is low, less than two percent, this rate has increased over time. This outcome will be included in the County's SIP.
- *Rate of Abuse and/or Neglect Following Permanency*: The CDSS materials indicate this indicator is currently under development and no data was provided in the County's data report. .

Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

- *Rate of Recurrence of Abuse/Neglect in Homes Where Children Were Not Removed*: Although the County Data Report contains information on this indicator, historical data is not available, thereby limiting further analysis.
- *Percent of Child Abuse/Neglect Referrals with a Timely Response*: The County has improved its timely response to child abuse/neglect referrals since 1998 and is presently over a 97% compliance rate. Improvement is attributed to the County's commitment to providing quicker response and increased accountability.
- *Timely Social Worker Visits With Child*: The County is presently at a 90% compliance rate. Improvement is attributed to the County's commitment to provide timely social worker visits and increased accountability.

Outcome 3: Children have permanency and stability in their living situations without increasing re-entry to foster care.

- *Length of Time to Exit Foster Care to Reunification*: Over the last six years, the County has experienced an overall decrease in the number of children that had been in care for less than 12 months when reunified. African American children are less likely to be reunified regardless of whether they are placed with relatives or non-relatives. This outcome will be included in the County's SIP.
- *Length of Time to Exit Foster Care to Adoption*: The County continues to increase the number of adoptions for children in care less than 24 months.

- *Stability of Foster Care Placement*: Although the County Data Report contains information on this indicator, historical data is not available, thereby limiting further analysis.
- *Rate of Foster Care Re-Entry*: Since 1998. fewer children are re-entering foster care within 12 months of a prior exit from foster care or reunification.

Outcome 4: The family relationships and connections of children serviced by CWS will be preserved, as appropriate.

- *Siblings Placed Together in Foster Care*: Since 1998, fewer children are being placed with some or all of their siblings. This outcome will be included in the County's SIP.
- *Foster Care Placement in Least Restrictive Settings*: Although the County Data Report contains information on this indicator, historical data is not available, thereby limiting further analysis.
- *Rate of ICWA Placement Preferences*: Although the County Data Report contains information on this indicator, historical data is not available, thereby limiting further analysis.

Outcome 8: Youth emancipating from foster care are prepared to transition to adulthood.

- *Children Transitioning to Self-Sufficient Adulthood*: Although the County Data Report contains information on this indicator, historical data is not available, thereby limiting further analysis.

**Section II. Public Agency Characteristics**

This section describes the characteristics (e.g., size and structure) of Child Welfare Services (CWS) and the Juvenile Probation Department that affect the provision of child welfare services.

Identified strengths include:

- County operation of an emergency shelter, Polinsky Children's Center (PCC);
- A county-based (instead of state) foster home licensing program;
- A state recognized County Adoptions program for aggressive and effective recruitment activities;
- Integration of child welfare, mental health and alcohol and drug services under one agency; Health and Human Services Agency;
- Extensive collaboration among the political jurisdictions involved in child welfare services (e.g., Juvenile Court, law enforcement, community-based organizations); *and,*
- Countywide implementation of Family-to-Family with the support of the Annie E Casey Foundation.

Identified areas of need include:

- Enhance communication between political jurisdictions;

- Develop more placement resources for children with special needs; *and,*
- Advocate to the CDSS or legislature that Polinsky Children's Center (PCC) not be counted as a placement during the first seven days a child is detained at the shelter.

## Section III. Systemic Factors

Systemic factors affect the operation and provision of child welfare services aimed to achieve positive outcomes. The identified strengths and areas of need for the systemic factors are as follows:

Relevant Management Information Systems

This systemic factor assesses the extent that the County uses the CWS/CMS application.

Identified strengths include:

- The availability of the application at each social worker's workstation; *and,*
- The social worker training on how to effectively use the application for case management.

Identified areas of need include:

- Improving data entry accuracy into the CWS/CMS application; *and,*
- Developing access to the application via the Internet.

Case Review System

This systemic factor assesses the County's ability to involve children and families in the case planning process and judicial proceedings.

Identified strengths include:

- Social worker use of a standard questionnaire to obtain information regarding Native American background to ensure compliance with Indian Child Welfare Act (ICWA);
- Established policies and procedures to discuss the case plan with the child and family;
- County policy that requires social workers to document concurrent planning efforts in the case plan and court reports;
- Limited use of continuances at permanency hearings; *and,*
- Timely notification of hearings to all parties.

Identified areas of need include:

- Reducing the number of continuances in general dependency cases;

- Encouraging family input in eliciting activities and services to be included in the case plan; *and,*
- Expanding the use of concurrent planning at the onset of the case planning and court process.

Foster/Adoptive Parent Licensing, Recruitment and Retention

This systemic factor assesses the County's performance in licensing, recruiting and retaining foster or adoptive homes.

Identified strengths include:

- A Memorandum of Understanding with the California Department of Social Services (CDSS) for the County to recruit and license foster homes;
- Partnerships with four local foster parent associations to retain foster parents;
- Development of a formal process to conduct assessments of relative and non-relative foster homes;
- A specialized unit to recruit adoptive parents and find homes for hard to place children and their siblings; *and,*
- Ongoing partnership with local TV news to feature children in need of adoption and adoption success stories.

Identified areas of need include:

- Recruiting more foster and adoptive homes for Native American children and for children with special needs (developmental delays or medical needs, older children with behavioral difficulties, and sibling groups).

Quality Assurance System

This systemic factor assesses whether the County has a quality assurance system to ensure that children in foster placements are provided quality services to protect their safety and health through evaluation, assessments and reports. Recently, the County created a Quality Assurance Unit designed specifically to perform these tasks.

Identified strengths include:

- The unit includes representatives from each region, which facilitates the identification of regions' individual strengths and needs.
- The unit provides training and technical assistance to region staff.
- A focus on improving data entry, data analysis and identifying practices that positively improve service delivery.
- A relationship with universities' research programs.

Service Array

This systemic factor assesses the array of accessible services that the County has in place to: assess children and families; address the needs of children and families; prevent entry into the child welfare system; and, promote permanency. This systemic

factor also assesses the services provided to Native American children. The State requires additional information on services targeting American Indian children.

Identified strengths include:

- The availability of a wide range of services through countywide public and private contracts that are culturally competent, family-centered and child focused;
- A strength-based model that is used to assess the needs of children and their families for these services; *and,*
- An Indian Specialty Unit that collaborates with Native American organizations and communities.

Identified areas of need include:

- Improving collaboration between providers to avoid duplication of services;
- Expanding social workers' understanding of Native American laws, culture and County policies and procedures; *and,*
- Enhancing access to services for youth and families in rural and Native American communities.

Staff/Provider Training

This systemic factor assesses how the County trains and develops the skills of its child welfare services staff and providers.

Identified strengths include:

- A six-week training for new social workers;
- The requirement for social worker staff to complete 20 hours of training each year; *and,*
- The training offered on a quarterly basis for foster and adoptive parents through the Grossmont College – Foster, Adoption, and Kinship Care Education (FAKCE) program.

Identified area of need includes:

- Introducing the Family-to-Family concepts during foster parent training.

Agency Collaboration

This systemic factor assesses how the County collaborates with public and private entities responsible for providing child welfare services and the large number and diversity of collaborations used to provide services. For example, CWS, Juvenile Court, County Alcohol and Drug Services, and Office of the Alternate Public Defender collaborate on drug/alcohol treatment services through the Substance Abuse Recovery Management System (SARMS); Children's Mental Health Services Initiative, which is composed of CWS Mental Health Residential Services, Probation, Schools, community providers and contracted partners to provide integrated and comprehensive mental health services.

## Section IV. Countywide Prevention Activities

The County's three primary prevention efforts are the Family Support Services Continuum (FSSC) program, the Family Preservation and Support program (FPSP) and the Kinship Support Services Program (KSSP). Both the FSSC and KSSP programs provide prevention and intervention services through community-based contractors for families with children at risk of abuse or neglect.

In addition to these programs, the County has a long-history of community-based prevention partnerships that include traditional and non-traditional partners (e.g., grass roots and faith-based organizations, parents, civic leaders, and businesses). Partnerships also exist at neighborhood levels to tailor to each region's needs.

The County's strategy for the future is to expand current efforts to provide services by implementing the Community Services for Families (CSF) contract. This contract was designed to parallel the outcomes and objectives of the C-CFSR and CWS Redesign. It will provide a continuum of services, at the regional level, through collaborative entities composed of community-based partners and County staff. The CSF contract will replace the current contracts under the FSSC program and it is anticipated to be in operation September 2004.

## III. Areas for Further Exploration through the Peer Quality Case Review

Because of the County's commitment to ensuring client safety, the County's performance on the rate of abuse in foster care will be an area further explored through the Peer Quality Case Review.

## IV. Plan for County's System Improvement Plan (SIP)

The CSA Committee began work on the SIP while completing the County Self-Assessment. Each subcommittee continues to meet and discuss how the County could improve its performance in the identified areas of need under each outcome or systemic factor. In upcoming months, the Committee will complete the SIP for those indicators identified to be included in the SIP and assess which, if any, systemic factors would be included in the County's first SIP.

Those indicators include:

- Rate of child abuse and neglect in foster care,
- Length of time to exit foster care to reunification, *and*
- Siblings placed together in foster care.

# COUNTY SELF-ASSESSMENT

## I. Demographic Profile & Outcomes Data

### A. Demographic Profile

### 1. County Data Report

The following measures serve as the basis for the County's Self-Assessment and will be used to track County performance over time towards the outcomes. The source of this data is the Child Welfare Services/Case Management System (CWS/CMS). Counties are responsible for inputting data into CWS/CMS as part of the process to manage the caseloads of children and families who receive child welfare services. The measures are grouped into five general categories: child welfare services participation rates; safety outcomes; permanency and stability outcomes; family relationships and community connection outcomes; and, well-being outcomes. In addition to the measures and indicators, the pertinent C-CFSR outcomes are listed under each category.

To date, the State has provided two County Data Reports, the first in January 2004 and the second in April 2004. The data from each report is presented below.

Child Welfare Services Participation Rates

This section provides information, by the number of children, for key child welfare indicators.

| Indicator | Definition | January 2004 | | April 2004 | |
|---|---|---|---|---|---|
| | | Number | Rate (per 1,000) | Number | Rate (per 1,000) |
| Number of children < 18 in population | Projected population of children in San Diego County for 2002 by Claritas, Inc. | 740,944 | n/a | 740,944 | n/a |
| Number and rate of children with referrals | Unduplicated count of child clients < age 18 in referrals in 2002, per 1,000 children < age 18 in population. | 59,108 | 79.8 | 59,108 | 79.8 |
| Number and rate of children with substantiated referrals | Unduplicated count of child clients < age 18 in referrals in 2002 that had substantiated allegations, per 1,000 children < age 18 in population. | 11,090 | 15.0 | 11,090 | 15.0 |

| Indicator | Definition | January 2004 | | April 2004 | |
|---|---|---|---|---|---|
| | | Number | Rate (per 1,000) | Number | Rate (per 1,000) |
| Number and rate of first entries | Unduplicated count of children < age 18 entering a child welfare supervised placement episode of at least five days duration for the first time in 2002, per 1,000 children < age 18 in population. | 2,066 | 2.8 | 2,066 | 2.8 |
| Number and rate of children in care | Number of children < age 19 in child welfare supervised foster care on July 1, 2003, per 1,000 children < age 19 in population. | 6,240 | 7.9 | 6,240 | 7.9 |

Safety Outcomes

*Outcome 1: Children are, first and foremost, protected from abuse and neglect.*

*Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.*

| Measure | Definition | January 2004 | April 2004 |
|---|---|---|---|
| Recurrence of Maltreatment | This measure reflects the percent of children who were victims of child abuse/neglect with a subsequent substantiated report of abuse/neglect within specific time periods. It is both a federal and state outcome measure. | | |
| Federal (1A) | Of all children with a substantiated allegation within the first six months of the study year, what percent had another substantiated allegation within six months? | 11.9% | 11.6% |
| State (1B) | Of all children with a substantiated referral during the 12-month study period, what percent had a subsequent referral within 12 months? | 14.5% | 14.5% |
| State (1B) | Of all children with a first substantiated referral during the 12-month study period, what percent had a subsequent referral within 12 months? | 13.0% | 13.1% |

| Measure | Definition | January 2004 | April 2004 |
|---|---|---|---|
| Rate of Child Abuse and/or Neglect in Foster Care | This measure reflects the percent of children in foster care who are abused or neglected while in foster care placement *(currently limited due to data constraints to children in foster homes and FFAs)*. It is a federal outcome measure. | | |
| Federal (1C) | For all children in county supervised or Foster Family Agency child welfare supervised foster care during the nine-month review period (timeframe established according to federal guidelines), what percent had a substantiated allegation by a foster parent during that time? | 1.18% | 1.52% |
| Rate of Recurrence of Abuse and/or Neglect in Homes Where Children Were Not Removed | This measure reflects the occurrence of abuse and/or neglect of children who remain in their own homes receiving child welfare services. It is a state outcome measure. | | |
| State (2A) | Of all the children with an allegation (inconclusive or substantiated) during the 12-month study period who were not removed, what percent had subsequent substantiated allegation within 12 months? | 9.5% | 9.0% |
| Percent of Child Abuse/Neglect Referrals with a Timely Response | This state process measure is designed to determine the percent of cases in which a face-to-face contact with a child occurs, or is attempted, within the regulatory time frames in those situations in which a determination is made that the abuse or neglect allegations indicate significant danger to the child. It is a state outcome measure. | | |
| State (2B) | Percent of child abuse and neglect referrals that have resulted in an in-person investigation stratified by immediate response and ten-day referrals, for both planned and actual visits. | | |
| | Immediate Response Compliance | 97.3% | 97.7% |
| | 10 Day Response Compliance | 95.8% | 97.0% |

| Measure | Definition | January 2004 | April 2004 |
|---|---|---|---|
| Timely Social Worker Visits With Child | This state process measure is designed to determine if social workers are seeing the children on a monthly basis when that is required. Children for whom a determination is made that monthly visits are not necessary (e.g., valid visit exception) are not included in this measure. | | |
| State (2C) | Of all children who required a monthly social worker visit, how many received a monthly visit? (FM/FR PP Cases) | April 2003 – 90.7%<br>May 2003 – 91.0%<br>June 2003 – 91.2% | July 2003 – 90.3%<br>Aug 2003 – 90.3%<br>Sept 2003 – 90.6% |

## Permanency And Stability Outcomes

*Outcome 3: Children have permanency and stability in their living situations without increasing re-entry into foster care.*

| Measures | Definition | January 2004 | April 2004 |
|---|---|---|---|
| Length of Time to Exit Foster Care to Reunification | This is an outcome measure reflecting the percent of children reunified within 12 months of removal of a child from the home. It is a federal and state outcome measure. | | |
| Federal (3E) | Of all children who were reunified from child welfare supervised foster care during the 12-month study period, what percent had been in care for less than 12 months? | 65.5% | 65.8% |
| State (3A) | For all children who entered foster care for the first time (and stayed at least five days) during the 12-month study period, what percent were reunified within 12 months? | 35.1% | 36.0% |
| Length of Time to Exit Foster Care to Adoption | This is an outcome measures reflecting the percent of children adopted within 24 months of removal of a child from the home. It is a federal and state outcome measure. | | |
| Federal (3D) | Of all children who were adopted from child welfare supervised foster care during the 12-month study period, what percent had been in care for less than 24 months? | 21.0% | 21.8% |

| Measures | Definition | January 2004 | April 2004 |
|---|---|---|---|
| State (3A) | For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period, what percent were adopted within 24 months? | 5.8% | 5.4% |
| Multiple Foster Care Placements | These measures reflect the number of children with multiple placements within 12 months of placement. It is a federal and state outcome measure. | | |
| Federal (3B) | For all children in child welfare supervised foster care for less than 12 months during the 12-month study period, what percent had no more than two placements? | 80.3% | 79.7% |
| State (3C) | For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period, and were in care for 12 months, what percent had no more than two placements? | 52.2% | 52.2% |
| Rate of Foster Care Re-Entry | These measures reflect the number of children who re-enter foster care subsequent to reunification or guardianship. It is a federal and state outcome measure. | | |
| Federal (3F) | For all children who entered child welfare supervised foster care during the 12-month study period, what percent were subsequent entries within 12 months of a prior exit? | 9.4% | 9.7% |
| State (3G) | For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period and were reunified within 12 months of entry, what percent re-entered foster care within 12 months of reunification? | 8.1% | 8.6% |

## Family Relationships And Community Connections Outcomes

*Outcome 4: The family relationships and connections of children served by CWS will be preserved, as appropriate.*

| Measures | Definition | January 2004 | April 2004 |
|---|---|---|---|
| Siblings Placed Together in Foster Care | These measures reflect the number of children placed with all or some of their siblings in foster care. It is a state outcome measure. | | |
| State (4A) | For all children in child welfare supervised foster care on the point-in-time, of those with siblings in care, what percent were placed with all of their siblings? | 42.8% | 43.0% |
| State (4A) | For all children in child welfare supervised foster care on the point-in-time, of those with siblings in care, what percent were placed with some of their siblings? | 65.0% | 65.4% |
| Foster Care Placement in Least Restrictive Settings | This measure reflects the percent of children placed in each type of foster care setting. It is a state outcome measure. | | |
| State (4B) | For all children who entered child welfare supervised foster care (and stayed at least five days) for the first time during the 12-month study period, what percent were in kin, foster, FFA, group and other placements. | | |
| | Initial Placement (12-month period) | | |
| | Relative | 9.7% | 10.4% |
| | Foster Home | 35.7% | 36.2% |
| | FFA | 3.0% | 2.8% |
| | Group/Shelter | 48.1% | 47.7% |
| | Other | 3.5% | 2.9% |

| Measures | Definition | January 2004 | April 2004 |
|---|---|---|---|
| | Primary Placement (12-month period)<br>Relative | 38.0% | 38.3% |
| | Foster Home | 40.0% | 41.6% |
| | FFA | 2.3% | 2.1% |
| | Group/Shelter | 14.4% | 13.1% |
| | Other | 5.2% | 4.9% |
| | What percent of children in child welfare supervised foster care were in kin, foster, FFA, group and other placements in the point in time?<br>Point in time Placement | July 1, 2003 | October, 1, 2003 |
| | Relative | 37.0% | 36.3% |
| | Foster Home | 27.7% | 27.8% |
| | FFA | 5.4% | 5.0% |
| | Group/Shelter | 12.8% | 13.3% |
| | Other | 17.1% | 17.6% |
| Rate of ICWA Placement Preferences | This state measure reflects the percent of Indian Child Welfare Act eligible children placed in foster care settings defined by the ICWA. | | |
| State (4E) | Of those children identified as Native American, what percent were placed with relatives, non-relatives and non-relative non-Indian families? | | |
| | Relative Indian Family | 54.3% | 48.1% |
| | Non-Relative Indian Family | 0.0% | 0.0% |
| | Non-Relative Non-Indian Family | 18.1% | 19.4% |

## Well-Being Outcomes

*Outcome 8: Youth emancipating from foster care are prepared to transition to adulthood.*

| C-CFSR Critical Measures | Definition | January 2004 | April 2004 |
|---|---|---|---|
| Children Transitioning to Self-Sufficient Adulthood | This state measure reflects the foster children eligible for Independent Living Services, who receive appropriate education and training, and/or achieve employment or economic self-sufficiency. | | |
| State (8A) | This measure reflects the foster children eligible for Independent Living Services who receive appropriate education and training, and/or achieve employment or economic self-sufficiency. | | |
| | High School Diploma | 90 | 163 |
| | Enrolled in College/Higher Education | 118 | 229 |
| | Received ILP Services | 1,468 | 2,092 |
| | Completed Vocational Training | 19 | 34 |
| | Employed or other means of support | 307 | 254 |

## 2. Demographics of the General Population

The County of San Diego (County) is comprised of a general population of 2.9 million people, the third largest county in the state, with approximately 742,584 children under age 18.[1]

In order to better provide services to its customers, the Health and Human Services Agency divided the County into six geographic service regions, examines the needs in each region, and strives to provide services that meet those needs. The six geographic service regions are: Central, North Central, South, East, North Inland and North Coastal.

[1] The San Diego Association of Governments (SANDAG) provided the population and other demographic data presented in this section, except as noted. SANDAG's household data are based on the 2000 Census.

The table below illustrates the total population for each Health and Human Services Agency region and the percent of the population under age 18 in each region.

Table 1 - Distribution of San Diego County Population by Region and Age Group

| Geographic Region | Total Population | Population Age 18 and under | Percentage of San Diego County's Population Age 18 and under by Region | Percent of Each Region's Population Age 18 and under |
|---|---|---|---|---|
| San Diego County | 2,961,579 | 742,584 | 100% | 25% |
| Central | 480,533 | 125,435 | 17% | 26% |
| North Central | 577,206 | 120,021 | 16% | 21% |
| East | 454,873 | 116,903 | 16% | 26% |
| South | 428,695 | 115,802 | 16% | 27% |
| North Inland | 514,696 | 136,005 | 18% | 26% |
| North Coastal | 505,576 | 125,418 | 17% | 25% |

Source: San Diego Association of Governments (SANDAG), 2003 Annual Estimates.

The general population of the County is composed of several races and ethnicities, which include Caucasian, Hispanic, African-American, Native American, Asian, Pacific Islander and others The tables below illustrate the racial and ethnic composition of each region, by age group, in the County.

Table 2 - Race and Ethnic Composition by Geographic Region, All Ages

| Geographic Region | Race/Ethnicity (%) | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Hispanic | White | African American | Native American | Asian | Pacific Islander | Other | Two or more races |
| San Diego County | 28.4 | 52.6 | 5.5 | 0.5 | 9.2 | 0.5 | 0.3 | 3.0 |
| Central | 40 | 28.3 | 14.3 | 0.4 | 12.9 | 0.6 | 0.3 | 3.3 |
| North Central | 12.4 | 65.4 | 3.4 | 0.3 | 14.2 | 0.4 | 0.4 | 3.5 |
| East | 19.6 | 66.8 | 5.2 | 0.8 | 3.4 | 0.4 | 0.3 | 3.6 |
| South | 52.0 | 27.9 | 4.8 | 0.3 | 11.6 | 0.5 | 0.2 | 2.6 |
| North Inland | 25.8 | 60.5 | 1.9 | 0.9 | 7.9 | 0.2 | 0.2 | 2.5 |
| North Coastal | 26.2 | 61.5 | 4.0 | 0.4 | 4.4 | 0.6 | 0.2 | 2.6 |

Source: San Diego Association of Governments (SANDAG), 2003 Annual Estimates.

Table 3 - Race and Ethnic Composition by Geographic Region, Under Age 18

| Geographic Region | Race/Ethnicity (%) | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Hispanic | Caucasian | African American | Native American | Asian | Pacific Islander | Other | Two or more races |
| San Diego County | 38.5 | 40.5 | 6.4 | 0.5 | 8.0 | 0.5 | 0.4 | 5.3 |
| Central | 53.1 | 13 | 16 | 0.3 | 11.4 | 0.7 | 0.5 | 5.1 |
| North Central | 17.4 | 55.3 | 4.7 | 0.3 | 14.4 | 0.4 | 0.6 | 6.8 |
| East | 26.3 | 56.7 | 6.6 | 0.8 | 2.6 | 0.4 | 0.4 | 6.2 |
| South | 63.1 | 17.9 | 4.5 | 0.2 | 9.2 | 0.4 | 0.3 | 4.4 |
| North Inland | 35.0 | 50.1 | 2.1 | 1.0 | 7.0 | 0.2 | 0.3 | 4.3 |
| North Coastal | 36.1 | 49.6 | 4.7 | 0.3 | 3.3 | 0.7 | 0.3 | 4.9 |

Source: San Diego Association of Governments (SANDAG), 2003 Annual Estimates.

The table below illustrates the racial composition for the CWS population based on the type of referral/case.

Table 4 - Race and Ethnic Composition by CWS Referral Information

| Type of Referral/Case | Race/Ethnicity (%) | | | | | |
|---|---|---|---|---|---|---|
| | Hispanic | Caucasian | African American | Native American | Asian | Other |
| San Diego County Population under Age 18 | 38.5 | 40.5 | 6.4 | 0.5 | 8.0 | 6.2 |
| Referrals | 39.4 | 34.6 | 15.0 | 0.9 | 4.1 | 5.9 |
| Substantiated Referrals | 44.8 | 31.8 | 15.2 | 0.9 | 3.9 | 3.3 |
| Open Dependency Cases | 42.6 | 33.4 | 18.0 | 1.2 | 4.5 | 0.3 |
| Out of Home Placements | 37.7 | 32.1 | 25.3 | 2.0 | 2.7 | 0.1 |

Source: San Diego Association of Governments (SANDAG), 2003 Annual Estimates & Children Research Center Ad-Hoc Report dated May 18, 2004.

Other demographic data that describe the general context in which the County's welfare services are provided:

| Characteristic | Number/Rate |
|---|---|
| Total Number of Households | 994,677 |
| Households with Persons Under Age 18 | 369,833 |
| Percentage of Total Number of Households | 37.2% |
| Single-Parent Headed Households with Persons Under Age 18 | 104,927 |
| Percentage of Households with Persons Under Age 18 | 28.7% |
| Families with Children (Under Age 18) living below the poverty level | 46,264 |
| Percentage of Families with Children | 12.6% |
| Number of Children (Age 0-17) receiving CalWORKs assistance (FY 2001-2002) [1] | 55,330 |
| Rate of Children Receiving CalWORKs | 74.5 per 1,000 |
| Percentage of Children under 21 years old Receiving CalWORKs and Involved in CWS As of (2/29/2004)[2] | 25.9% |
| Number of Children (Age 0-17) with Health Insurance Coverage (2001) [1] | 640,440 |
| Percent of Children (Age 0-17) with Health Insurance Coverage | 88.5% |

Source: San Diego Association of Governments (SANDAG), *Census 2000 Profile: San Diego Region*, except as noted.
[1]*San Diego County Health and Well Being Report Card 2003*, Health and Human Services Agency, County of San Diego.
[2]*California Case Data System Monthly Data Extract and CWS/CMS Monthly Data Extract*.

## 3. Education System Profile

The County's public education system is comprised of 43 school districts and enrolled 499,355 children for the 2003/2004 academic year.[2] The table below shows the number of children enrolled in each academic grade for the 2003-2004 academic year.

Table 5 - San Diego County Public School Enrollment by Grade (2003/2004 academic year)

| Grade/Level | Number of Enrolled Students |
|---|---|
| Kindergarten | 36,469 |
| Grade 1 | 38,083 |
| Grade 2 | 38,464 |
| Grade 3 | 38,705 |
| Grade 4 | 39,004 |
| Grade 5 | 39,079 |
| Grade 6 | 39,258 |
| Grade 7 | 39,329 |
| Grade 8 | 39,926 |
| Grade 9 | 41,945 |
| Grade 10 | 39,807 |
| Grade 11 | 35,544 |
| Grade 12 | 31,968 |
| Ungraded Elementary | 1,068 |
| Ungraded Secondary | 706 |
| Alternative Education | 1,466 |

Source: California Department of Education

The following is information on educational achievement in San Diego County for the 2002/2003 academic year: [3]

- 89.5% of students enrolled in grade 12 graduated
- 439 students dropped out of grades 7-8
- The annual drop out rate for grades 9-12 was 2.7% or 3,940 students

The County offers Alternative Education through various programs: (a) continuation; (b) community/experience based; (c) opportunity; (d) magnet; (e) pregnant/parenting; (f) independent study; and, (g) other programs. For the 2003/2004 academic year, the total number of students enrolled in Alternative Education is 1,466. Each child may be enrolled in more than one Alternative Education program. The County also offers a Gifted and Talented Education program, in which 60,826 children are enrolled.

[2] Source: California Department of Education.
[3] Graduation and dropout rates are not yet available for the 2003-2004 academic year.

## B. CWS Outcomes and C-CFSR Data Indicators

This section analyzes historical data obtained from the University of California at Berkeley's Center Social Service Research (CSSR) website to determine trends in the County's performance on the measures identified in the County Data Report (See Section I.A.1). This historical data is in addition to the data presented in the County Data Reports.

The analysis and conclusions presented below are preliminary. To confirm the analysis and conclusions about the County's performance, there is a need to continue efforts on "data clean-up" (data accuracy and validity), data validation through in-depth statistical analysis, and additional training on data entry. Additionally, more analysis is needed to assess how fairness and equity issues influence County performance.

NOTE: The County Data Report did not include data on children supervised by Probation. This analysis and conclusions are relevant to CWS only unless otherwise noted.

### Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Recurrence of Maltreatment Outcome Measures: Federal Indicator (1A) and State Indicator (1B)

*Analysis and Conclusions*

*Federal Indicator (1A):* Since 1998, San Diego County has seen an overall decrease in the rate of recurrence of maltreatment, and since 2000, the overall rate of recurrence of maltreatment has remained relatively stable. Analysis of the data based on race, age and gender revealed noteworthy patterns.

- Race: Since 1998, the rate of recurrence of maltreatment for the Caucasian and Hispanic population has consistently decreased. However, the rate of recurrence of maltreatment for the African American, Asian and Native American populations showed a fluctuating pattern.
- Age: Children age six to 10 years old had the largest decrease in the rate of recurrence of maltreatment, while other age groups showed a fluctuating pattern.
- Gender: Males experienced a more consistent decrease in the rate of recurrence of maltreatment than females.

*State Indicator (1B):* The rate of recurrence of maltreatment has consistently decreased for all children regardless of whether there was a subsequent referral within 12 months or within 12 months after the first substantiated referral. While analysis of the data did not show any differences based on gender, there are noteworthy differences based on race and age.

- Race: The rate of recurrence of maltreatment (a subsequent referral within 12 months) decreased less consistently for Native Americans than other race/ethnic groups. Also, Native Americans had the highest rate of recurrence of maltreatment within 12 months of a first or other substantiated referral compared to other race groups.

Caucasians also had a high rate of recurrence after the first substantiated referral.

Age — Children age 11 to 15 years old had the highest rate of a subsequent referral (within 12 months of a first or other substantiated referral) compared to other age groups. Also, children age 11 to 15 years experienced a smaller decline in the rate of recurrence of maltreatment (any substantiated referral) compared to other age groups.

*Areas of Need*

To improve the accuracy and validity of the data, there is a need to:

- Evaluate the consistency of social workers' decision-making process regarding the disposition of a referral;
- Examine why duplicate referrals occur and how these impact the County's performance on these indicators; *and*,
- Assess the relationship, if any, between the recurrence of maltreatment and the length of time to exit Foster Care to Reunification (indicators 3A and 3E).

To determine what factors influence the County's performance on these measures, there is need to:

- Conduct an in-depth analysis to determine the effects of age, ethnicity; and population characteristics (e.g., military, refugees and cross-border) on these indicators;
- Identify social work practice improvement areas (e.g., types of services offered, use of a standardized assessment tool to identify safety issues, reasons for subsequent referrals) that might affect the County's performance;
- Ascertain how the County's policy of leaving children in the least restrictive setting (e.g., in their homes when safe and appropriate) and providing in-home services impacts the County's performance;
- Identify common community and family factors that lead to a subsequent referral; *and,*
- Assess how the systemic factor, service array, may influence the County's performance on this indicator.

<u>Rate of Child Abuse and/or Neglect in Foster Care Measures: Federal Indicator (1C)</u>

*Analysis and Conclusions*

Although the rate of substantiated abuse and/or neglect referrals for children in foster care is low, less than two percent, this rate has increased over time. This increase might be attributed to an increase in the number of referrals or a decrease in the foster care population. Either could increase the ratio of children abused in foster care.

*Areas of Need*

To improve the accuracy and validity of this data, there is a need to:

- Determine what data entry errors affect the County's performance on this indicator (e.g., Child Abuse Hotline may not be properly coding abuse and neglect in foster homes);

- Identify the demographic factors that impact the County's performance; *and,*
- Determine any relationships between this indicator and the other C-CFSR indicators.

To determine what factors influence the County's performance on this measure, there is a need to:

- Explore how the Foster Home Licensing (FHL) Unit documents licensing issues that arise in foster homes, but do not involve abuse and neglect;
- Identify mismatched placements that might occur due to a lack of an intensive and thorough assessment of a child's needs and what the foster home offers. The research generally indicates that mismatched placements contribute to the rate of abuse and neglect in foster care;
- Determine how the County's policy to place children in family homes rather than at the County's shelter reduces the amount of time a social worker has to assess whether the foster home can meet the child's needs; *and,*
- Assess how, if at all, the systemic factor, Foster/Adoptive Parent Licensing, Recruitment, Retention, and Provider Training, influences the County's performance on this indicator;
- Determine how the high cost of living and housing in the County affects the County's ability to recruit foster parents who would be an appropriate fit for children in foster care; *and*
- Assess how training and supportive services provided to foster families impacts the County's performance on this indicator.

<u>Rate of Abuse and/or Neglect Following Permanency: Indicator (1E)</u>
The CDSS materials indicate this indicator is currently under development and no data was provided in the County data report.

**Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.**

<u>Rate of Recurrence of Abuse/Neglect in Homes Where Children Were Not Removed State Indicator (2A)</u>
*Analysis and Conclusions*

Although the County Data Reports contains information on this indicator, historical data is not available, thereby limiting further analysis.

*Areas of Need*
To improve the accuracy and validity of this data, there is a need to:

- Collect more data on this indicator;
- Conduct an in-depth analysis of factors that may influence this indicator;
- Determine the relationship, if any, between this indicator and the length of time to exit Foster Care to Reunification (indicators 3A and 3E);
- Evaluate the social worker's decision-making process regarding the disposition of a referral; *and,*

- Assess the occurrence of duplicate referrals. (The County has developed quick guides to assist social workers in handling duplicate referrals.)

To determine what factors influence the County's performance on this indicator, there is a need to:

- Ascertain how the County's policy of leaving children when appropriate in the least restrictive setting (e.g., in their homes when safe and appropriate) and providing in-home services impacts the County's performance. This policy may create a situation where children are more susceptible to subsequent referrals when not removed from their home;
- Evaluate social workers' ability to assess risk, in particular how a social worker's skills influence the risk assessment (e.g., a social worker's ability to engage the parents in addressing the protective issues);
- Determine if the County's use of the Fresno Risk Assessment tool impacts the County's performance. This tool is not standardized, and lacks consistency and objectivity in its definitions of items;
- Evaluate the frequency and quality of home visits to ensure a child's safety and families' participation in services; *and,*
- Assess if the systemic factor, service array, may influence the County's performance on this measure. For example, are services meeting the family's needs, and are they of sufficient quantity, flexibility and accessibility.

Percent of Child Abuse/Neglect Referrals with a Timely Response: State Indicator (2B)

*Analysis and Conclusions*

The County is presently at a 97% compliance rate. The County's performance is attributed to its commitment to providing quicker response to child abuse referrals to ensure the safety of children.

*Areas of Need*

To improve the accuracy and validity of this data, there is a need to:

- Ensure the Child Abuse Hotline properly codes referral response times;
- Address data entry errors (improperly coded response times on referrals) that occur because social workers are unfamiliar with the emergency response program; *and,*
- Determine any relationships between this indicator and the other C-CFSR indicators.

To determine what factors influence the County's performance on this indicator, there is a need to:

- Determine if the distance a social worker must travel to Native American reservations to respond to a referral adversely affects the response time. The County has 18 Native American reservations spread over approximately 3 million acres, and Native American cases are managed in a centralized specialty unit;
- Assess if social workers' unfamiliarity with emergency response services prevents a timely response; *and,*
- Evaluate how the availability of standby social workers on the weekends for

immediate response referrals affects the response time.

Timely Social Worker Visits With Child: State Indicator (2C)

*Analysis and Conclusions*

The County is presently at a 90% compliance rate. The County's performance is attributed to its commitment to provide timely social worker visits and accountability.

*Areas of Need*

To improve the accuracy and validity of this data, there is a need to:

- Identify the data entry issues influencing the County's performance on this indicator; *and*
- Determine any relationships between this indicator and the other C-CFSR indicators.

To determine what factors influence the County's performance on this indicator, there is a need to:

- Assess how entry of the case plan with appropriate exceptions into CWS/CMS affects the County's performance;
- Continue to provide social workers with training on how to document contacts for children placed out of the state and out of the country;
- Evaluate how the current policy for coding of service components impacts the County's performance;
- Determine how the County's policy of visiting a child once a month in the Family Maintenance and Family Reunification programs and visiting a child every other month in the Permanency Placement program (when the exception criteria outlined in CDSS Division 31 regulations is met) affects the County's performance; *and,*
- Determine if the distance to Native American reservations that social workers must travel to visit a child adversely affects the response time. The County has 18 Native American reservations spread over approximately three million acres, and Native American families are handled in a centralized specialty unit.

**Outcome 3: Children have permanency and stability in their living situations without increasing re-entry to foster care.**

Length of Time to Exit Foster Care to Reunification: Federal Indicator (3E) and State Indicator (3A)

*Analysis and Conclusions*

*Federal Indicator (3E)*: Over the last six years, the County has experienced an overall decrease in the rate of children that had been in care for less than 12 months when reunified. Analyzing the data based on race and age revealed noteworthy patterns.

Race — The rate of children that had been in care for less than 12 months when reunified decreased for all groups except for Native Americans, which showed an increase in the last three years. Hispanic children had the lowest rate, followed by African American children.

Age — Compared to other age groups, children 3 to 10 years (in care less than 12 months) appear to have a higher rate of reunification within 12 months and children age 11 to 15 years appear to have a lower rate.

*State Indicator (3A):*

Race — African American children are less likely to be reunified within 12 months, compared to other race groups, regardless of whether they are placed with relatives or non-relatives.

*Areas of Need*

To improve the accuracy and validity of this data, there is a need to:

- Identify data entry issues that may affect the County's performance; for example, whether social workers use the correct placement change reason in CWS/CMS when children are reunified; *and;*
- Determine any relationships between this indicator and the other C-CFSR indicators.

To determine the factors that influence the County's performance on this indicator, there is a need to:

- Evaluate how the County's practice of using Family Team Meetings helps involve and inform parents about the reunification process;
- Extract the record of services provided to families from CWS/CMS and evaluate the effectiveness of the services provided in the first 12 months of foster care;
- Determine how cultural factors are considered in the development of the case plan;
- Assess how familial factors (e.g., housing, limited financial resources) affect the time to reunification;
- Evaluate how risk assessments interplay with the recommendation of reunification (e.g., focusing on risk of harm versus focusing on the family's ability and strengths to address the protective issue);
- Assess how a supervisor's and social worker's knowledge and expertise influences the decision to reunify;
- Determine the effect on reunification of implementing unsupervised visitations when the parent and child are ready versus waiting until a regularly scheduled court hearing to request an order to authorize unsupervised visitations; *and;*
- Assess how the systemic factor, service array, may influence the County's performance on this indicator by focusing on services available to the family post-reunification.

Length of Time to Exit Foster Care to Adoption: Federal Indicator (3D) and State Indicator (3A)

*Analysis and Conclusions*

The County has continued to improve in adopting children within 24 months. Analyzing the data based on race, age and type of placement revealed noteworthy patterns.

| | |
|---|---|
| Race | Caucasian and Hispanic children appear to have a higher overall rate of adoption within 24 months. The rate of adoption (within 24 months) by non-relatives for African American children is decreasing while for other race groups this has increased. |
| Age | Children under age 10 years have the highest rate of adoption within 24 months. Children under one year old are adopted within 24 months at triple the rate of other children when placed in a non-relative home. Further, children between one and two years old are adopted at almost twice the rate than others when placed in a non-relative home. Finally, children over age 11 years are adopted more frequently when they have been placed in a relative home. |
| Placement | All children are adopted more frequently when placed with non-relative caregivers. (Relative, often prefer guardianship status rather than adoption.) |

*Areas of Need*

To determine the accuracy and validity of this data, there is a need to:

- Assess data entry issues and conduct data clean up; *and,*
- Determine any relationships between this indicator and the other C-CFSR indicators.

To determine the factors that influence the County's performance on this indicator, there is a need to:

- Evaluate the frequency that Family Team Meetings and Family Unity Meetings are used at critical stages of the case to address adoption;
- Assess how often concurrent planning is used at the onset of a case;
- Evaluate whether increased in referrals to the CWS Pre-Placement Assessment Unit (PPAU), which determines the child's suitability for adoption through psycho-medico-social studies of the child and the biological family, would reduce the time to adoption;
- Evaluate how the time to complete an adoptive assessment home study process affects the time to exit to adoption. For example, the process might take six months or longer for applicants who already have children placed in their homes who they plan to adopt;
- Determine how a parental contest or appeal of the termination of parental rights delays the exit to adoption;
- Assess the effectiveness of expanding current recruitment efforts for homes that can adopt within 24 months for all children, in particular those children with special needs (e.g., emotional, behavioral; medical), older children and sibling groups; *and,*

- Identify the factors that limit the ability of families to adopt (e.g., the high cost of living in San Diego County).

Stability of Foster Care Placement: Federal Indicator (3B) and State Indicator (3C)

*Analysis and Conclusions*
Although the County Data Report contains information on this indicator, historical data is not available, thereby limiting further analysis of trends. The data revealed noteworthy patterns based on race, age and type of placement.

| | |
|---|---|
| Race | Caucasian and Asian American children placed with relatives tend to have fewer placements, while African American children placed with relatives have the most number of placements. |
| Age | Children over age 11 years had more placements in 12 months than children under age 11 years. |
| Placement | Children placed with relatives more often had two or fewer placements when in care less than 12 months. Of the children placed with non-relative caregivers, Asian American children had the fewest number of placements and African American children had the most number of placements. |

*Areas of Need*
To improve the accuracy and validity of this data, there is a need to:
- Collect more data on this indicator; *and;*
- Determine any relationships between this indicator and the other C-CFSR indicators.

To determine the factors that influence the County's performance on these indicators, there is a need to:
- Evaluate how the use of Polinsky Children's Center (PCC) and emergency shelter care homes affects the number of placements children experience in foster care; *and;*
- Assess the factors that impact the recruitment of foster families (e.g., high cost of living; high housing prices).

Rate of Foster Care Re-Entry: Federal Indicator (3F) and State Indicator (3G)

*Analysis and Conclusions*
*Federal Indicator (3F)*: Fewer children are re-entering foster care within 12 months of a prior exit from foster care. Analyzing the data based on race and age revealed noteworthy patterns.

| | |
|---|---|
| Race | The rate of re-entry has decreased for all race groups over time. However, African American children enter foster care at a higher rate than any other race. |
| Age | Over time, the rate of re-entry has decreased for all the age groups except for children age 11 to 15 years, whose rate has been relatively stable. |

*State Indicator (3G)*: Fewer children are re-entering foster care within 12 months of reunification. Analyzing the data based on race and age revealed noteworthy patterns.

| | |
|---|---|
| Race | The rate of re-entry has decreased for all races over time. |
| Age | The rate of re-entry for children age 11 to 15 years has been relatively stable. The largest decrease was observed for children 3 to 10 years old. |

*Areas of Need*

To improve the accuracy and validity of this data, there is a need to:

- Conduct further research to determine the variables that correlate to these indicators; *and;*
- Determine any relationships between this indicator and the other C-CFSR indicators.

To determine the factors that influence the County's performance on these indicators, there is a need to:

- Identify the factors that prevent a successful reunification (e.g., lack of support services post-reunification; state mandates to reduce time to reunification);
- Determine the positive factors that enable a successful reunification during the Family Maintenance phase of the case;
- Evaluate how post-reunification services may decrease foster care re-entry; *and*
- Assess how evidence-based decision-making tools assist social workers when deciding whether to reunify.

**Outcome 4: The family relationships and connections of children served by the CWS will be preserved, as appropriate.**

Siblings Placed Together in Foster Care: State Indicator (4A)

*Analysis and Conclusions*

The rate of children placed with some or all their siblings has decreased. Analyzing the data based on race and type of placement revealed noteworthy patterns.

| | |
|---|---|
| Race | More Asian American children are placed with all siblings, and fewer Native American children are placed with all or some of their siblings, compared to other race groups. |
| Placement | More children are placed with all or some of their siblings when placed with relatives compared to non-relative placements. |

*Areas of Need*

To improve the accuracy and validity of this data, there is a need to:

- Ensure that social workers properly identify siblings in CWS/CMS through the relationships page;
- Conduct further research to determine the variables that correlate to this indicator; *and,*
- Determine any relationships between this indicator and the other C-CFSR indicators.

To determine the factors that influence the County's performance on this indicator, there is a need to:

- Assess the guidelines used by social workers for sibling placements.

Foster Care Placement in Least Restrictive Settings: State Indicator (4B)

*Analysis*

Although the County Data Reports contains information on this indicator, historical data is not available, thereby limiting further analysis.

*Areas of Need*

To improve the accuracy and validity of this data, there is a need to:

- Continue data clean up;
- Collect more data on this indicator; *and,*
- Determine any relationships between this indicator and the other C-CFSR indicators.

To determine the factors that influence the County's performance on this indicator, there is a need to:

- Assess how the County's practice of first placing children in PCC or an emergency shelter care home and then a long-term placement affects this indicator.

Rate of ICWA Placement Preferences: State Indicator (4E)

*Analysis and Conclusions*

Although the County Data Reports contain information on this indicator, historical data is not available, thereby limiting further analysis.

*Areas of Need*

To improve the accuracy and validity of the data, there is a need to:

- Continue to conduct data clean up;
- Collect more data on this indicator;
- Identify any relationships between this indicator and the other C-CFSR indicators;
- Continue to work with County Counsel to ensure correct family history information regarding Native American background and ancestry is obtained, and that proper notice procedures under the Indian Child Welfare Act (ICWA) are addressed, *and*,
- Continue to improve communication and linkage between CWS and Tribes.

To determine the factors that influence the County's performance on this indicator, there is a need to:

- Assess how the rate of removal for Native American children influences this indicator because the rate of removal is the highest of all race/ethnic groups; *and*
- Enhance communication and collaborations between CWS and tribes.

**Outcome 8: Youth emancipating from foster care are prepared to transition to adulthood.**

Children transitioning to self-sufficient adulthood: State Indicator (8A)

*Analysis and Conclusions*

Although the County Data Reports contain information on this indicator, historical data is not available, thereby limiting further analysis.

*Areas of Need*

To improve the accuracy and validity of this data, there is a need to:

- Assess the quality of the database used by the Independent Living Skills (ILS) Unit to alleviate data entry issues;
- Continue to collect more data on this indicator; *and;*
- Determine any relationships between this indicator and the other C-CFSR indicators.

To determine the factors that influence the County's performance on this indicator, there is a need to:

- Evaluate how gender affects the effective use of ILS services;
- Assess the effectiveness of outreach and follow up to children that transition out of foster care, to ensure their participation in an after-care program;
- Assess how collaborations with other County programs outside the HHSA to maintain transitional housing programs (e.g., The Housing and Community Development department provides housing vouchers for up to 52 youth that are age 18 to 21 years, and the Trolley Trestle Program, which provides housing for former foster youth) affect the County's performance; *and,*
- Determine how collaborations with community colleges to provide educational programs for foster care youth (e.g., hosting events at City College for transitioning youth; having “One Stop” centers available to assist foster care youth with employment preparation and job seeking; educational mentoring available for children and youth age 6 to 18 years) affect the County's performance.

Probation

An ILS referral is initialed at the time an order for out of home placement is made for youth who are 16 years or older. The referral is sent to the ILS coordinator for follow-up ILS services. In addition, the probation officer completes a transitional independent living plan prior to disposition for youth over 16 years. The plan is attached to the Social Study for review by the Juvenile Court.

# II. PUBLIC AGENCY CHARACTERISTICS

## A. Size and structure of agencies

Child Welfare Services (CWS), within the County's Health and Human Services Agency (HHSA), is the primary agency that provides child welfare services to children and families in San Diego County. The County's Juvenile Probation Division within the County Public Safety Group's Probation Department also provides child welfare services to children involved in the juvenile delinquency system.

Health and Human Services Agency (HHSA): Child Welfare Services

HHSA is a super-agency comprised of Child Welfare Services, Regional Operations, Regional Program Support, Aging and Independence Services, Behavioral Health Services; Public Health Services, Income Maintenance, Veteran Services and Administrative Support. The Director of Child Welfare Services reports directly to the HHSA Director, and the HHSA Director reports directly to the County's Chief Administrative Officer (CAO) and the Board of Supervisors.

CWS is committed to excellence in the delivery of culturally competent, family-centered and child-focused protective services. CWS is also committed to a community-based approach to service delivery that is regionalized, accessible and customer-oriented. CWS uses public and private partnerships to meet the needs of the children and families it serves.

Public Safety Group: Probation Department

The Probation Department is operated under the Public Safety Group of the County of San Diego. Probation and its programs provide public protection and offender rehabilitation through a strength-based continuum of graduated sanctions that are family-focused and neighborhood-based based on assessed risks and needs of the probationers. Juvenile Probation is a division of the County's Probation Department. This division has a Memorandum of Understanding with HHSA to place probation children in licensed foster homes, specifically designated for probation children. The Placement Unit is the specialized unit within Juvenile Probation that facilitates these placements.

*Placement Unit*

The Placement Unit completes an appropriate assessment and secures a placement in the facility or home that best meets a child's emotional and safety needs. The Placement Unit works specifically with children ordered placed in foster care placements. Of the 3,400 children on probation, approximately 300 are assigned to the Placement Unit. These 300 children include children awaiting placement, children in residential treatment facilities and children in foster care. The Placement Unit also ensures that the child's case plan is followed and that the child receives the treatment and services necessary to aid in the ultimate goal of reunification. This Unit also

monitors facilities and foster homes to ensure compliance with county, state and federal regulations.

## 1. County Operated Shelter(s)

Probation

The Juvenile Probation division does not operate a shelter, only detention/commitment facilities.

Child Welfare Services

CWS operates the A.B. and Jessie Polinsky Children's Center (PCC), a 24-hour facility and assessment center for the temporary emergency shelter of abused and neglected children, 0 to 18 years. PCC is licensed by the state's Department of Social Services Community Care Licensing (CCL) division to serve up to 192 children.

*The A.B. and Jessie Polinsky Children's Center (PCC)*

Description The PCC campus includes six residential cottages, an infant nursery, medical clinic, school, library, cafeteria, gymnasium, two swimming pools, two playgrounds and an athletic field. PCC also includes a Prevention Pavilion that provides space for community child abuse prevention activities and a resource library.

Services PCC also offers the following on-site specialized services:

- *Physical Health Clinic*: A contracted service with Children's Hospital that provides a comprehensive health screening for new arrivals, arranges for specialized services and provides on-going health care for all children detained in PCC.
- *Mental Health Services*: A County program that provides on-site assessments, medication evaluations and crisis intervention.
- *Day Rehabilitation Program*: A mental health program that provides evaluation, rehabilitation and therapy to maintain or restore a child's level of functioning, enhance self-sufficiency and enhance capability for learning and development.
- *Developmental Screening and Evaluation Program*: A contracted service with Children's Hospital and Health Center that provides screening, evaluation and referral services for children, ages 6 months to 5 years and 11 months.
- *Sexual Treatment Education Program and Services*: A contracted service with Mental Health Systems, Inc. that provides individual and group therapy to children, ages 6 to 12 years, who display inappropriate sexualized behavior.
- *Head Start Program*: A collaborative program with Neighborhood House that provides on-site services for children from birth to 5 years old.

- *Youth-to-Youth Program*: A contracted program with Casey Family Programs that employs former foster youth to work as mentors for dependent children.
- *Emergency Shelter Care (ESC)*: A County program, where social work staff arrange for short-term placements in foster homes or group homes as an alternative to keeping children sheltered at PCC.
- *Critical Assessment for Release Early (CARE)*: A County program, where social work staff perform assessments and home evaluations to expedite reunification or arrange for relative placements.

Population

In Fiscal Year (FY) 2002-03, PCC served a total of 2,862 children, with an average daily population of 127 children. During the first eleven months of FY 2003-04, the average daily population fell to 113. An average of 239 children enter PCC each month, and the average length of stay is 17 days. These children are evenly distributed by gender and age, and reflect a wide range of ethnic backgrounds.

Staffing

For FY 2004-05, PCC will be budgeted to serve an average daily population of 100 children. The staffing allocation includes a director, five managers, 158 residential care workers, 28 residential care supervisors, 34 protective services social workers, 12 protective services supervisors, four licensed mental health clinicians, three psychiatric technicians and 45 administrative, clerical and maintenance support staff. Additionally, PCC plans to maintain a pool of 100 on-call residential care staff in order to meet the fluctuating needs of the facility. The staff-to-child ratio for children under age six is 1:3, and the ratio is 1:6 for children ages six years and over.

Training

PCC provides on-going training for staff on:

- cardio-pulmonary resuscitation (CPR) and first aid safety;
- child development, cultural diversity, separation and attachment, sexually reactive children, compensatory caregiving, etc.;
- Polinsky Active Teaching Approach (P.A.T.A.), a behavioral motivation system that focuses on stimulating positive behaviors through rewards and consequences and that teaches social skills; *and*
- Professional Assault Response Training (P.A.R.T.) that provides staff with verbal and physical methods to de-escalate children displaying behavior deemed dangerous to self or others.

*Alternatives to PCC*

In order to control the size of the population at PCC and to keep children in their own communities, CWS has developed the following alternatives to PCC:

- PCC's ESC social workers place children from PCC or from the field into ESC foster homes or detention group homes. Children then remain in these homes or facilities until a permanent placement is available.
- North Inland and North Coastal Regions have a contract with a community organization, Casa de Amparo, to operate a 31-bed shelter for youth living in the North Inland/North Coastal regions of the County.
- North Inland and North Coastal Regions developed the Child Assessment Network – North (CANN) to minimize the need to transport youth to PCC and to prioritize placement of North County children with relatives or foster parents located in or near their own communities.
- East Region developed the Way Station program that places children directly into ESC homes in their community. These ESC homes keep children for a short assessment period with an average stay of 11 days.

*Strengths*

The strengths related to CWS operation of PCC include:

- siblings may reside on campus together and have daily contact;
- children receive assessments from on-site medical staff, who have expertise in child abuse and conduct full physical evaluations, including developmental assessments;
- children participate in the on-site school program that allows for immediate enrollment with no disruption in school attendance;
- children receive physical, developmental, and mental health assessments and interventions, allowing social workers to identify placements based on identified needs;
- social workers have the opportunity to locate and evaluate relatives while the children are safe;
- Head Start staff help facilitate the enrollment process for children who are reunifying with parents or entering placement; *and;*
- children who have no other placement options (e.g., lack of available foster homes; no appropriate relative or non-relative; child would be at risk if left in the community, etc.) are safe in PCC.

*Areas of Need*

The areas of need related to CWS operation of PCC include:

- finding more foster homes for children with special needs (e.g., behavioral, emotional, developmental and/or medical) that are placed in PCC when a change of their foster care placement occurs because of their special needs. This will ensure PCC is only used as a temporary assessment center;
- maintain the social attachments a child develops while detained in PCC;

- obtain a waiver from the State or have CWS pursue sponsored legislation that would count the first seven days that a child is in PCC as an "assessment period," rather than as a "placement". This will ensure a child does not have multiple placements before a long-term placement is identified;
- continue to improve the process for children at PCC, for an extended period, to successfully transition to foster care placements; *and*,
- ensure when children leave PCC outside regular business hours, their caretakers receive health and education information.

## 2. County Licensing

Probation

The Juvenile Probation division does not license foster homes in the County. Instead, Juvenile Probation has a Memorandum of Understanding with CWS to place probation children in foster homes specifically designated for probation children. These homes are licensed by the State's Department of Social Services, Community Care Licensing Division.

Child Welfare Services: Foster Home Licensing (FHL)

The County has a Memorandum of Understanding with the California State Department of Social Services (CDSS) to locate and license foster homes. CWS' FHL program locates and licenses foster homes in the County. Presently, CWS has approximately 1,689 licensed family foster homes throughout the County.

The CWS FHL program is comprised of Foster Home Development and Foster Home Licensing. It includes specialty units: Licensing Evaluations, Investigations, Options for Recovery, Retention, Recruitment, Training, Special Care Rate, Placement Coordinator's and Development Supervision.

- *Foster Home Development*: The Foster Home Development (FHD) program recruits individuals and families who are interested in becoming foster parents. FHD also provides support and recognition services to license foster parents.

- *Foster Home Licensing*: The Foster Home Licensing (FHL) program evaluates applications to become a foster parent, licensed foster home. The FHL program also completes annual on-site visits; investigates licensing complaints; provides training to foster parents; and helps facilitate support groups for foster parents.

*Strengths*

The strengths of the FHL program include:

- CWS collaborates with the San Diego foster parent associations to improve the relationship between CWS and the foster parent community;
- CWS recognizes and promotes foster parenting as a profession; *and;*
- CWS uses experienced foster parents as mentors for new foster parents.

*Areas of Need*
The areas of need of the FHL program include:

- continue to improve communication between foster parents and social workers; *and*
- maintain efforts that recognize the value of foster parents and build teamwork among foster parents and social workers, such as through joint training opportunities.

### 3. County Adoptions

Probation
The Juvenile Probation division does not facilitate adoption for any of the children under its custody.

Child Welfare Services
The CWS Adoption program is licensed by the California Department of Social Services. This program is a full service adoption agency, which assumes care, custody and control of a child through relinquishment of the child to CWS or involuntary termination of parental rights. The program also assesses the birth parents, prospective adoptive parents and/or child, places children for adoption and supervises adoptive placements.

The CWS Adoption program also includes two specialized units, Support Services/Guardianship and the Permanency Placement Assessment Unit (PPAU).

- *Support Services/Guardianship Unit*: This Unit handles the recruitment of adoptive families and helps social workers search for adoptive homes nationwide for hard to place children.

- *Permanency Placement Assessment Unit:* This Unit screens concurrent planning placement referrals and pre-assesses children for adoption prior to the termination of parental rights hearing. This unit also handles all of the noticing for termination of parental rights hearings on cases active to Adoptions.

*Adoption and Inter-jurisdictional Issues*
The CWS Adoption program collaborates with other counties, states and countries to place children with permanent families. For example, the program provides adoption services to San Diego dependent children placed in contiguous counties by requesting courtesy services from those counties.

*Strengths*
The strengths of the adoption program include:

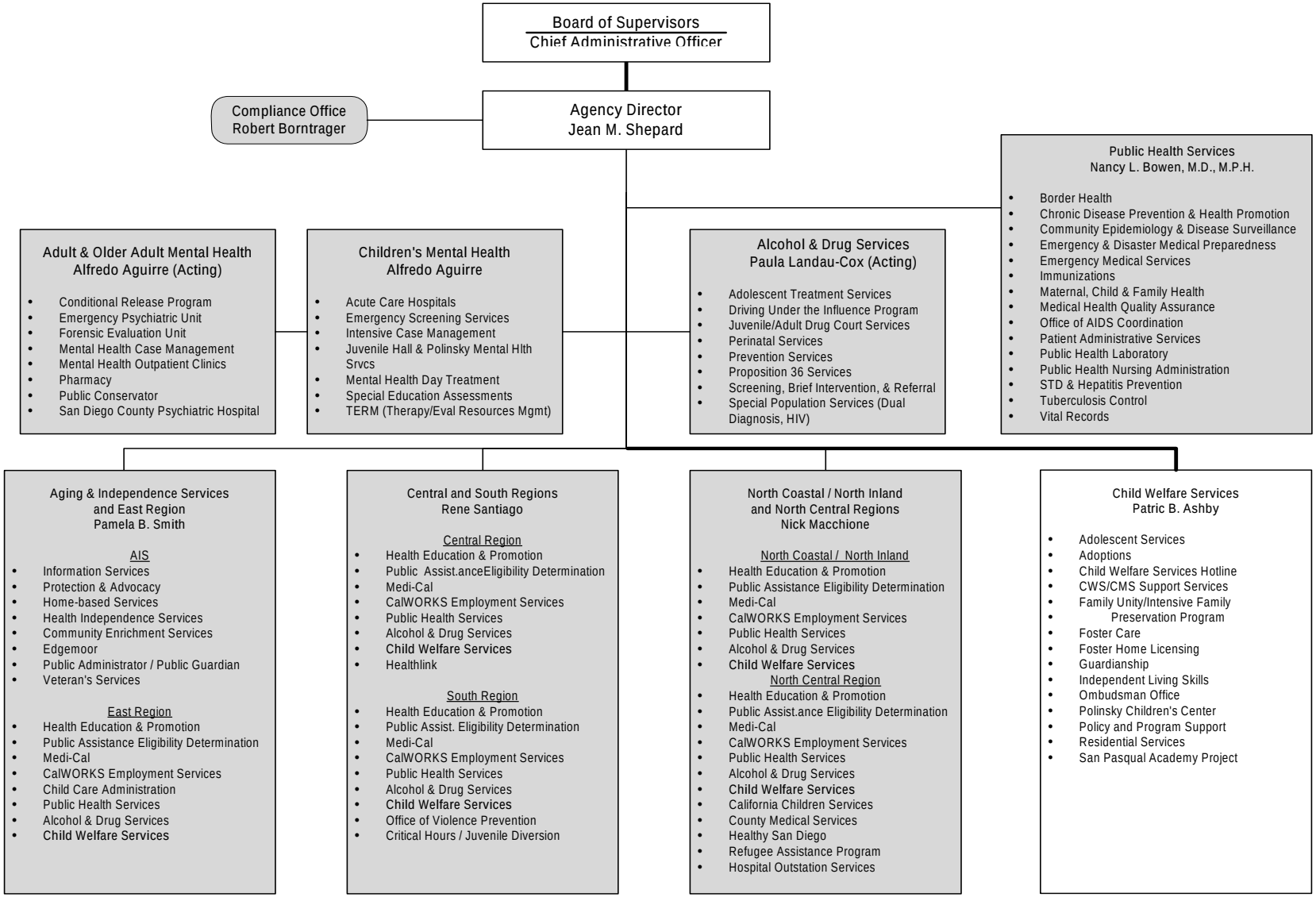
- bi-lingual and bi-cultural adoption services to the border communities. For example, the County is negotiating an agreement with Mexico's social services agency in Baja California, Norte, to finalize the adoption of over 50 dependent children eligible for adoption and placed with relatives in Mexico;
- regional and specialty program units that provide tailored adoption services depending on client needs;
- practice that adoption social workers have a Master's Degree in Social Work; *and;*
- policy that requires parents to participate in an intensive training prior to an adoptive placement in their home.

*Areas of Need*
The areas of need of the adoption program include:

- evaluating the adoption applicant process to identify delays that occur in the process (e.g., the time it takes a social worker to complete an adoption home study or how long between the assignment of the case and contact with the family is initiated); *and;*
- better educate relative caregivers and/or foster parents about the adoption process.

## B. County Governance Structure

As detailed in Section II.A., CWS, a program under the County's Health and Human Services Agency is responsible for providing child welfare services. Please see section II.A. for detailed information. The organizational chart on the next page provides an overview of the San Diego County governance structure.


Board of Supervisors
Chief Administrative Officer
Compliance Office
Robert Borntrager
Agency Director
Jean M. Shepard
Public Health Services
Nancy L. Bowen, M.D., M.P.H.
Border Health
Chronic Disease Prevention & Health Promotion
Community Epidemiology & Disease Surveillance
Emergency & Disaster Medical Preparedness
Emergency Medical Services
Immunizations
Maternal, Child & Family Health
Medical Health Quality Assurance
Office of AIDS Coordination
Patient Administrative Services
Public Health Laboratory
Public Health Nursing Administration
STD & Hepatitis Prevention
Tuberculosis Control
Vital Records
Adult & Older Adult Mental Health
Alfredo Aguirre (Acting)
Conditional Release Program
Emergency Psychiatric Unit
Forensic Evaluation Unit
Mental Health Case Management
Mental Health Outpatient Clinics
Pharmacy
Public Conservator
San Diego County Psychiatric Hospital
Children's Mental Health
Alfredo Aguirre
Acute Care Hospitals
Emergency Screening Services
Intensive Case Management
Juvenile Hall & Polinsky Mental Hlth Srvcs
Mental Health Day Treatment
Special Education Assessments
TERM (Therapy/Eval Resources Mgmt)
Alcohol & Drug Services
Paula Landau-Cox (Acting)
Adolescent Treatment Services
Driving Under the Influence Program
Juvenile/Adult Drug Court Services
Perinatal Services
Prevention Services
Proposition 36 Services
Screening, Brief Intervention, & Referral
Special Population Services (Dual Diagnosis, HIV)
Aging & Independence Services
and East Region
Pamela B. Smith
AIS
Information Services
Protection & Advocacy
Home-based Services
Health Independence Services
Community Enrichment Services
Edgemoor
Public Administrator / Public Guardian
Veteran's Services
East Region
Health Education & Promotion
Public Assistance Eligibility Determination
Medi-Cal
CalWORKS Employment Services
Child Care Administration
Public Health Services
Alcohol & Drug Services
Child Welfare Services
Central and South Regions
Rene Santiago
Central Region
Health Education & Promotion
Public Assist.anceEligibility Determination
Medi-Cal
CalWORKS Employment Services
Public Health Services
Alcohol & Drug Services
Child Welfare Services
Healthlink
South Region
Health Education & Promotion
Public Assist. Eligibility Determination
Medi-Cal
CalWORKS Employment Services
Public Health Services
Alcohol & Drug Services
Child Welfare Services
Office of Violence Prevention
Critical Hours / Juvenile Diversion
North Coastal / North Inland
and North Central Regions
Nick Macchione
North Coastal / North Inland
Health Education & Promotion
Public Assistance Eligibility Determination
Medi-Cal
CalWORKS Employment Services
Public Health Services
Alcohol & Drug Services
Child Welfare Services
North Central Region
Health Education & Promotion
Public Assist.ance Eligibility Determination
Medi-Cal
CalWORKS Employment Services
Public Health Services
Alcohol & Drug Services
Child Welfare Services
California Children Services
County Medical Services
Healthy San Diego
Refugee Assistance Program
Hospital Outstation Services
Child Welfare Services
Patric B. Ashby
Adolescent Services
Adoptions
Child Welfare Services Hotline
CWS/CMS Support Services
Family Unity/Intensive Family Preservation Program
Foster Care
Foster Home Licensing
Guardianship
Independent Living Skills
Ombudsman Office
Polinsky Children's Center
Policy and Program Support
Residential Services
San Pasqual Academy Project

## C. Number/Composition of Employees

The County's CWS program currently employs one director, eight assistant deputy directors; 80 administrative staff, 1,596 social workers, 189 residential care supervisors and residential care workers, 56 eligibility supervisors and eligibility workers, and, 278 clerical staff.

### 1. Staffing characteristics/issues

**a. Turnover ratio**: 4-5 staff a month

**b. Private contractors**: None for core child welfare services

**c. Worker caseload size by service program**: Worker caseload size per worker is not available. Each Region monitors for equality among the workloads of the staff in their Region. A social worker's caseload may be comprised of different programs in order to provide continuity of services.

Statistics of the average number of referrals/active cases per month in the calendar year of 2003:

- Immediate Response/Court Intervention: 890.3
- Emergency Response: 427.8
- Family Reunification: 1,703.6
- Family Maintenance: 119.6
- Permanent Placement: 3,542.9

### 2. Bargaining Unit Issues

The Service Employee International Union (SEIU) Local 535 is the bargaining unit for CWS staff. SEIU identified the following areas of need, which the SEIU is willing to address via a workgroup.

Areas of need related to bargaining issues include:

- assess worker caseload size to ensure it does not interfere with the social workers' ability to provide child welfare services to meet the goals of the C- CFSR;
- ensure staff have the resources needed to perform any additional duties the C-CFSR may require;
- determine how new expectations and new ways of doing things will be reflected in a worker's performance appraisal; *and;*
- fully prepare social work staff for the new child welfare initiatives, for example, through additional training.

## 3. Financial/Material Resources

### a. Source and Expenditure of Funds

Juvenile Probation

Funding for Juvenile Probation children placed in foster care placements comes from federal funds (50%); state funds (20%) and county funds (30%). If the case is not eligible for federal funding, then the funding ratio is state funds (40%) and county funds (60%).

Child Welfare Services

Child Welfare Services has a variety of funding sources. The primary source is Title IV-E funding received from the federal government. The funding ratios are the same as for Juvenile Probation children. However, this Title IV-E funding may only fund activities for open cases. For example, current CWS funding does not permit prevention services to at risk families unless there is a protective issue and an open case. This inflexible structure does not lend itself to a preventive services approach.

Child Welfare Services relies on other funding sources, along with interagency collaborations to provide a wide variety of services. These other funding sources also have limitations (require an open case, one time funding, age limitations) but assist in increasing the County's ability to meet the needs of children and families.

Other funding resources include:

- *Family Preservation*: Provides funding to prevent children from entering the foster care system and facilitates exiting more quickly from the foster care system.

- *Promoting Safe and Stable Families*: Provides funding for preventive services, reunification services and adoption support.

- *Kinship Support Services*: Provides funding to provide direct services to relative caregivers to either keep children out of the foster care system or to maintain placement stability.

- *Foster/Relative Emergency Support Funds*: Provides funding for concrete provisions such as food, clothing and furniture to help remove barriers to placement with relatives.

- *Independent Living Program/Emancipated Youth Support Funds*: Provides funding to assist youth with increasing and attaining independence from the foster care system.

- *Foster Home Licensing/Options for Recovery:* Provides funding to recruit, train and monitor safety for children in out of home care.

- *Substance Abuse Recovery Management System (SARMS) Wraparound Grant*: Provides funding for additional services to assist with reunification and placement stability.

CWS also leverages resources from other Health and Human Services Agency programs, County Departments, and community partners to provide services, including:

- *Housing and Community Development:* Provides federal funding to assist emancipating youth with concrete services such as rental deposits and monthly rental assistance.

- *Aging and Independence Services: KSPP/Aging and Independence Services Intergenerational Programs:* Enhances support services for substitute care providers.

- *Alcohol and Drug Services:* Provides day and residential treatment programs to help parents address substance abuse issues.

- *Children's Mental Health:* Provides Early Periodic Screening Diagnostic Testing (EPSDT) for diagnosis and treatment of mental health issues for children and a day rehabilitation program for children in out-of-home placements.

- *Community Partners:* Through contracted services, assists in reunification and reducing the occurrence and reoccurrence of abuse.

## 4. Political Jurisdictions

### a. Number and type of political jurisdictions

The strengths and areas of need for the relationship between Child Welfare Services (CWS) and the Juvenile Probation division (JP) with schools, Juvenile Court, foster youth, Native American communities, County Public Health Services, County Children's Mental Health and law enforcement are described below.

<u>Schools</u>
CWS/JP and the schools have collaborated to achieve positive outcomes and the relationship has led to collaboration with the Foster Youth Services program, a program that monitors and maximizes educational opportunities of all youth involved in the foster care system.

*Strengths*
The strengths of the relationship between CWS/JP and schools include:

- schools are a reliable network of mandated reporters: 70% of abuse and neglect referrals come from schools;
- schools provide a vehicle to build the foster parent pool;

- schools provide a resource for meeting the needs of special needs children;
- an existing network with School Police and School Nurses;
- schools provides a safe environment to interview children. *and,*
- facilitates placement options for children who have mental health services as a component of their IEP.

*Areas of Need*
The areas of need in the relationship between CWS/JP and schools include:

- improve consistent information sharing between schools, CWS and probation;
- CWS provide school with mandated reporter feedback on their child abuse referrals;
- schools improve consistent reporting of child abuse referrals requiring immediate attention;
- schools notify social work staff and probation officers of a child's Individual Education Plan assessment date and time; *and*
- address negative perceptions by schools of CWS and families involved in the child welfare system.

Foster Youth
*Strengths*
The strengths of the relationship between CWS/JP and foster youth include:

- Independent Living Skills program;
- CWS's San Pasqual Academy; *and*
- use of the Meet and Confer hearing, where CWS/JP meet with a Juvenile Court Judge to determine whether the dependency system or delinquency system would best serve the interests of a child involved in both systems.

*Areas of Need*
The areas of need in the relationship between CWS/JP and foster youth include:

- ensure the dependency and delinquency system foster self-sufficiency in children and youth;
- promote a foster care environment that emulates "normal" every day life;
- enhance communication between social workers, probation officers and youth so foster youth feel heard;
- monitor foster parents to ensure youth's personal rights are respected;
- evaluate practice to determine what emphasis social workers and probation officers placed on developing independent living skills and related activities (e.g., higher grades, positive contributions to school related activities, mentoring younger youth, etc.);
- collaborate with schools to promote educational achievement for foster youth;

- re-assess the quality of foster care placements to promote a relationship that last past the foster youth's 18th birthday and truly provides a positive home environment for the foster youth; *and,*
- provide a forum or method for foster youth to discuss the realities of growing up in foster care.

Juvenile Court

*Strengths*

The strengths of the relationship between CWS/JP and Juvenile Court include:

- Representatives from CWS, JP and the Juvenile Court meet monthly to discuss concerns and develop joint policies on how to handle cases in the dependency and delinquency systems. For example:
  - The *Dependency Policy Group* meets monthly and participants include but are not limited to: the Presiding Judge of Juvenile Court, staff from Juvenile Court Operations, dependency judicial officers, County of San Diego Counsel, Public Defender, Alternate Public Defender, County Children's Mental Health Services, and, HHSA staff from CWS, SAFE Housing Coordinator, Alcohol and Drug Services, and Voices for Children.
  - The *Delinquency Policy Group* meets monthly and participants include but are not limited to: the Presiding Judge of Juvenile Court, delinquency judicial officers, District Attorney, Public Defender, Alternate Public Defender, Probation, Juvenile Court Operations, and Children's Mental Health Services.
  - Other interdisciplinary committees are also in place to address specific issues, for example: dual jurisdiction; SARMS implementation; local rules of Court; information sharing; and, education of foster youth.
- Juvenile Court Judges are family focused with the goal to improve children lives in a timely manner.

*Areas of Need*

The areas of need in the relationship between CWS/JP and Juvenile Court include:

- address social workers' concerns that Juvenile Court Judges rely more heavily on probation reports than social worker reports;
- examine the frequency and circumstances when an expedited placement is ordered by the court for a child with dangerous propensities and there is a lack of suitable placements; *and;*
- improve social worker's and probation officer's preparedness at court hearings.

Native American Communities

*Strengths*

The strengths of the relationship between CWS/JP and Native American Communities include:

- CWS procedures place a high priority on adherence to the Indian Child Welfare Act (ICWA) laws and all social workers receive training on ICWA related issues.

- CWS program guide addresses the policies that pertain to Native American communities and ICWA related issues.
- CWS has an Indian Specialty Unit (ISU), which provides services to Native American families and collaborates with Native American tribes to find placements.

*Areas of Need*
The areas of need in the relationship between CWS/JP and Native American communities include:

- increase social workers' and probation officers' knowledge of Native American communities and culture; *and,*
- strengthen the communication and linkages between JP and Native American communities.

Public Health Services
*Strengths*
The areas of strength in the relationship between CWS/JP and Public Health Services include:

- the Health Care Program for Children in Foster Care (HCPCFC), a state and federally funded program, which provides administrative case management to social workers and probation officers.
    - The program provides 17 full-time public health nurses (PHN) located in the CWS regional offices and in JP offices.
    - PHNs are a vital part of the overall social worker picture and are responsible for the entry and update of a child's health information in the Health and Education Passport or its equivalent.
    - PHNs facilitate referrals to early intervention providers, dentists, mental health providers, and other community programs.
    - PHNs train social workers, probation officers, substitute care providers, and a variety of other community partners. The nurses also often interface with schools, dental, health and mental health providers.

*Areas of Need*
The areas of need in the relationship between CWS/JP and Public Health Services include:

- enhance access to health records for social workers and child welfare records for public health nurses;
- improve the timeliness in which social workers' and substitute care providers' forward information to PHNs;
- ensure the inclusion of accurate and updated health information in the Health and Education Passport; *and;*

- enhance the ability of social workers and probation officers to collect medical information.

Children's Mental Health Services

*Strengths*

The areas of strength in the relationship between CWS/JP and Children's Mental Health Services include:

- CWS/JP collaborates with Children's Mental Health Services through a variety of programs. The strengths of these collaborative relationships support improved communication among the treatment professionals, shorter stays in out-of-home residential treatment centers, and more children and youth in family settings. The programs include:
    - *The Children's Initiative:* Provides wraparound services for children involved in CWS.
    - *Mental Health Day Treatment Programs:* Provides high level residential treatment programs that are used by CWS, JP and Special Education.
    - *Mental Health Outpatient Programs:* Provides services to foster family agency programs and outpatient and school-based clinics that are used by CWS children in relative or foster care settings.
    - *Transitional and Step-down Programs:* Provides assistance in transitioning children from a residential treatment facility to a family setting by providing mental health case management and therapeutic services.
    - *Therapeutic Behavioral Services (TBS*): Provides specific behavioral modification intervention to assist youth from CWS to maintain placement.
    - *Children Mental Health System -*
        - *Emergency Screening Unit (ESU)*: Assesses CWS and JP children's need for psychiatric hospitalization and assists in finding hospital beds.
        - *Treatment and Evaluation Resources Management (TERM)*: Credentials and monitors fee-for-service mental health providers specifically for CWS and JP.
    - *Multidimensional Treatment Foster Care (MTFC)*: Provides evidence-based intensive treatment foster care to avoid placement in a residential treatment facility and transition children to familial placement sooner.

*Areas of Need*

The areas of need in the relationship between CWS/JP and Children's Mental Health include:

- expand the coordination of services when a child is discharged from mental health services;
- evaluate whether at-risk children are discharged too soon from psychiatric hospitals;

- assess how to better access mental health services before a child's mental health issues become severe;
- assess how schools, CWS and JP work together to address payment and provision of mental health services; *and;*
- evaluate the screening process for residential services.

Law Enforcement

*Strengths*

The areas of strength in the relationship between CWS/JP and Law Enforcement include:

- Social work staff, probation officers and law enforcement officers are supportive of each other when working together in the field.
- Law enforcement responds quickly to calls from probation officers.
- CWS and law enforcement have a Drug Endangered Children protocol to respond to drug related crimes where children are involved.

*Areas of Need*

The areas of need in the relationship between CWS/JP and Law Enforcement include:

- expand efforts to ensure the gathering of information does not compromise a child welfare case or criminal investigation;
- ensure law enforcement receives child abuse reports timely; *and,*
- increase awareness of each other's roles and responsibilities.

CalWORKs

*Strengths*

The areas of strength in the relationship between CWS and CalWORKs include:

- positive collaboration between CWS and the CalWORKs Family Reunification Program; *and,*
- positive communication between CalWORKs staff and CWS staff to meet client's needs.

*Area of Need*

The areas of need in the relationship between CWS and CalWORKs include:

- assess collaborative efforts to ensure clients simultaneously involved in CWS and CalWORKs are receiving maximum assistance.

## 5. Technology level

### a. Laptops used by field staff

Below is a list of equipment available for field staff. The hardware listed below facilitates the provision of services to staff by simplifying access to resources and data entry. The list of hardware is as follows:

- 1130 Desktop computers;
- 70 Laptops that have the capability for dial up access to the CWS/CMS Application and County's E-mail. The laptops are also used by CWS court officers to document court related activities that are then uploaded into the CWS/CMS Application;
- 140 Quick pads that are used by field staff to document contacts and visits with clients. The information is then uploaded into the CWS/CMS Application; *and,*
- 140 Palm Pilots

### b. Capacity to use SAS, SPSS, Business Objects, SafeMeasures, CAD IQ or other software

The County's capacity to use the above-mentioned software is detailed below.

- *Business Objects CAD:* (9 licenses) Business Objects is an Administrative tool that allows queries to be run on data that is originated in the CWS/CMS Application. The data output can be used to generate trends, problem areas, areas needing improvement, and measures what the users are excelling in.

- *SafeMeasures [CRC]:* has 227 users. This program allows social work supervisors and managers to see compliance measures countywide within their Region and for their individual units of workers. The program is also used to run ad hoc reports against San Diego County CWS/CMS data for statistical reporting.

- In 2001, CWS developed a Geographic Information System (GIS) that consists of various GIS applications, hardware, software and personnel. Since 2001, HHSA GIS personnel have been using ESRI ArcGIS software to map child welfare services data including the locations of referrals, removals and foster homes. CWS also uses GIS to identify areas with high rates of child abuse and gaps in services.

Other software/applications used in the County are as follows:

- Training applications

*Computer Based Training*: This is an actual training program that gives a new social work staff user a 'virtual tour' of what capabilities CWS/CMS has to offer, with a computer generated guide.

*SceneMan Training*: This is a practical training program that contains fictional names, referrals and cases and provides the most 'real life' training scenario.

- Palm Pilot Applications that ease the use of the Palm Pilot include:
  *PDA palm application (CWS/CMS data Contact entry):* This is a program that is run from the user's desktop whereby a user can download information on several of their referrals and cases into a Palm Pilot and bring that information with them to the field. Once in the field, users, using a portable keyboard may record contact narratives, services provided, etc. This can be done for several clients and the information is then transferred to the user's desktop computer.

  *Documents-to-go*: Palm application synchronization of court reports, contact text and resource material that can be saved to the user's desktop and then pasted into any application the user wishes.

  *Outlook E-mail/ Calendar / Reminders/ Phonebooks*: Assists users with better communications, access to resources, phone numbers, calendar, etc.

CWS Intranet

- Program Guide: An intranet based site that lists CWS policies and procedures for every aspect within CWS.

- Desk Guide: An intranet based site that lists specific policies and procedures for the CWS/CMS Application.

- Resource Guide: An intranet based site that lists protocols, resources, and guides for workers to assist with service delivery to clients.

### 6. Fairness and Equity

Table 4 in Section I illustrates that African American and Native American children are involved in the County's child welfare system at a rate two to four times that of their representation in the general population. The rate varies for the number of referrals, the number of substantiated referrals; open dependency cases; or out of home placements. To alleviate the over-representation of these groups, there is a need to:

- determine if cultural biases are impacting social work practice;
- evaluate if assessment tools are promoting effective cultural sensitivity and eliminating cultural biases; *and*
- determine if cultural diversity training is integrated into social work practice;

## D. Current Systemic Reform Efforts

| Systemic Reform Effort | |
|---|---|
| CWS Redesign Early Implementing County | ☒ |
| Family to Family (with Annie E. Casey Foundation) | ☒ |
| Integrated Services/AB 1741 | ☒ |
| Structured Decision Making –currently being considered for use in CWS | ☒ |
| Wraparound Services | ☒ |
| Other - **See Section IV** | ☒ |

# *III.* SYSTEMIC FACTORS

The effect of each systemic factor on the County's ability to achieve positive outcomes for children and families is detailed below. The identified strengths reveal how each systemic factor helps improve the provision of child welfare services and facilitate positive outcomes. The identified needs reveal the improvements needed to maximize the benefits of the services provided to children and families in an effort to achieve positive outcomes.

## A. Relevant Management Information Systems

The information system for CWS is the CWS/CMS application.

*Strengths*

The County's strengths in this systemic factor include:

- the CWS/CMS application is available at each social worker's workstation;
- the County provides training on how to effectively use the CWS/CMS application;
- social workers use the CWS/CMS application to provide child welfare services; *and*,
- the County has established a Quality Assurance Unit that uses CWS/CMS data to address data entry issues identified in Section I. B.

*Areas of Need*

To improve the County's functioning in this systemic factor, there is need to:

- continue ensure social workers use CWS/CMS consistently;
- continue to improve data entry accuracy into the CWS/CMS application; *and*,
- explore access to the CWS/CMS application via the Internet.

## B. Case Review System

### 1. Court Structure/Relationship

Description of the Juvenile Court's Structure

The County's Juvenile Court handles both dependency (Child Welfare Services) and delinquency (Probation) cases to determine what is in the best interests of the child within the child's family and community. Below are descriptions of the Juvenile Court's process for dependency and delinquency cases.

*CWS/Dependency System*

The dependency system focuses on the protection of children and providing children with permanency through family reunification, adoption and guardianship, wherever possible. The Juvenile Court dependency system proceeds, in general, as follows:

STEP 1: Child Welfare Services (CWS) receives a report of suspected abuse or neglect.

STEP 2: CWS conducts an investigation to determine the risk of harm to the child, for example: 1) whether child abuse or neglect exists; 2) whether there is immediate danger to the child; and, 3) whether the child can remain at home or with a relative.

STEP 3: If CWS decides to remove the child from his/her home, CWS has 48 hours to release the child back to the parents or file a petition for dependency.

STEP 4: If CWS files a petition, the Juvenile Court holds a Detention Hearing the next judicial day. At this hearing the Juvenile Court determines if the child must be detained. Also, at this hearing the child and parents are each appointed an attorney to represent their individual legal interests.

STEP 5: Within 21 days after the Detention Hearing, the Juvenile Court holds a Jurisdiction Hearing to determine if there is enough evidence for the child to come under the jurisdiction of the Juvenile Court.

STEP 6: If the Disposition Hearing is not held immediately after the Jurisdiction Hearing, it must be held within 60 days of the Detention Hearing. At the Disposition Hearing the Juvenile Court:

a. Decides whether to declare the child a dependent:

- If the child is adjudicated a dependent, the family will receive a Family Maintenance or Reunification plan.
- If the child is not adjudicated a dependent, the Juvenile Court may dismiss the case or order Voluntary Services for the child and family.

b. Addresses placement of the child, protective orders, visitation, and services for the child and family.

STEP 7: After the Disposition Hearing, the social worker is responsible for assisting the family with the case plan ordered by the Juvenile Court.

STEP 8: Review Hearings are held at six-month intervals to evaluate the progress of the child and family and to facilitate permanency.

*Probation/Delinquency System*

The delinquency system focuses on the rehabilitation of the child and protection of the community. The Juvenile Court delinquency system proceeds, in general, as follows:

STEP 1: When law enforcement takes a child into custody, law enforcement decides whether to: 1) detain the child in Juvenile Hall; 2) release the child to his/her parents, or 3) release and refer the child to a diversion program. Note: If the child is not detained, the case proceeds to Step 5.

STEP 2: Probation Department's Intake Unit assesses each case to determine whether to request the filing of a petition for wardship.

STEP 3: If a petition is requested, the District Attorney files a petition and the Probation Department conducts an investigation to ascertain the facts of the allegations for the detention report.

STEP 4: If the child is detained, the Juvenile Court holds a Detention Hearing. At this hearing the child is appointed an attorney to represent the child's legal interests. During this hearing, the Juvenile Court reviews the petition and determines whether the child should be either returned home (with or without restrictions) or detained in Juvenile Hall.

STEP 5: The next hearing is a Readiness Hearing. At the Readiness Hearing, the Juvenile Court accepts the child's admission or denial to the charges presented in the petition:

- If the child admits the charges, the case is then set for disposition.
- If the child denies the charges, the case will be set for an Adjudication Hearing, which is similar to a trial. At the Adjudication Hearing, if the Juvenile Court finds the allegations in the petition true, the Court sets a Disposition Hearing. If the Juvenile Court finds the allegations false, the petition is dismissed.

STEP 6: At the Disposition Hearing, the Juvenile Court decides whether or not to declare the child a ward of the Court. If declared a ward, the Court sets probation conditions for the child and determines the child's placement while on probation.

STEP 7: After the Disposition Hearing, Review Hearings are scheduled at 12-month intervals to monitor the child's progress while on probation.

<u>The Effectiveness of Juvenile Court, CWS, and Juvenile Probation Work Related to the Use of Continuances and Termination of Parental Rights.</u>

To improve the effectiveness of the dependency and delinquency court systems, Juvenile Court, CWS and Juvenile Probation need to reduce the use of continuances and the number of delays in the termination of parental rights.

*Areas of Need: Use of Continuances*

Continuances occur, for example, when a court report is not available at the time of a hearing; parent searches are still pending; or, last minute conflicts with the attorneys arise. To reduce the use of continuances, there is need to:

- identify and agree upon circumstances that warrant the use of continuances (e.g., recent assignment);
- increase efforts to establish paternity at the beginning of a dependency case, the Detention or Jurisdiction Hearing; and
- ensure compliance with Indian Child Welfare Act (ICWA) from the onset of the dependency case.

*Areas of Need: Termination of Parental Rights*

The reasons for delay in the Court's termination of parental rights are similar to those discussed above regarding the use of continuances. For example, unresolved paternity and ICWA issues prevent or delay the Court's ability to terminate parental rights. To facilitate the termination of parental rights, there is a need to:

- identify barriers to finding permanent placements for the children up for adoption because the Juvenile Court is not likely to select a permanent plan of adoption without some assurance that an appropriate adoptive home will be found for the child. The Courts seek to avoid creating a situation where a child lingers in foster care under the Juvenile Court's custody; *and;*
- address both paternity and ICWA issues as soon as possible, preferably at the onset of the dependency case;
- identify and evaluate relatives and non-relative extended family members that are present at the onset of the case and throughout the life of the case as possible permanent placements options for the child.

**2. Timely Notification of Hearings**

*Strengths*

- The County provides timely notice to all parties involved in a dependency and delinquency case (e.g., foster parents, Tribes, pre-adoptive parents; relative caregivers; and, non-relative extended family members.)
- County Counsel assists CWS to improve its ICWA noticing by providing social work staff with clear instructions on procedures.
- Juvenile Court and County Counsel developed an ICWA questionnaire about possible Native American background for use by social workers at the first hearing parents attend. The parents' attorneys are responsible for reviewing the questionnaire with the parents to ensure accuracy of information provided. The Court asks parents to swear to the accuracy of the information they provide on the questionnaire.
- CWS and the County's Department of Child Support Services (CSS) recently developed a procedure to improve the notification to parents whose whereabouts are unknown. If CWS is unable to locate a parent, CSS provides CWS and probation with assistance to locate the parents.
- Under current policies and procedures, relative caregivers may address the Juvenile Court at hearings; non-relative caregivers, if they have de facto parent status, may also address the Juvenile Court; and, foster parents may address the Juvenile Court.

*Area of Need*

- There is a need to improve noticing to foster youth, specifically to encourage caregivers (that receive the notice of hearing) of their responsibility to inform the youth of the hearing and his/her right to attend.

**3. Parent-child-youth participation in case planning**

*Strengths*

- Policy that requires social workers to discuss and review the initial and subsequent case plans with the child and his/her parents. Thereafter, the social worker must obtain the parents' signatures on the case plan after the parent has consulted with their attorney;
- Policy that requires social workers to update a case plan at least once every six months. The update includes specific information about the current progress of the child and family, as well as any changes regarding the information in the case plan. The social worker is expected to work with the parents in updating the case plan; *and*
- Probation officers are also required to update their case plans at least every six months or whenever a significant change occurs.

*Areas of Need*

- Promote shared responsibility for case plan goal through team decision making;
- Encourage family input during the case planning process, which helps the social worker prioritize the expectations placed on the family and facilitate realistic completion of the case plan goals. This also helps the children and families feel that case plan is their own.
- Promote strength-based practice, and expand the use of parent advocates.

**4. General Case Planning and Review**

*Case Plans*

Juvenile Probation

Juvenile Probation develops case plans pursuant to Division 31 regulations on all cases that come into their system. These case plans cover permanency issues and the services to be provided. The case plan must be signed by the parent, child, and probation officer; and must be updated every six months.

Child Welfare Services

CWS' social workers are required to provide the Juvenile Court the initial case plan either within 30 days after the initial removal of the child, or the first face-to-face contact before the Disposition Hearing, whichever comes first. Further, social workers are

required to develop case plans for all voluntary cases within 30 days of the initial face-to-face contact.

*Strengths*

The CWS policies and procedures require that case plans be individualized to each family's situation. Further, the case plan must address the following elements:

- Relevant social, cultural and physical factors for the child, parent and any other significant person(s) who reside in the home;
- Areas of improvement for the family that require intervention to alleviate the protective issue;
- Family strengths that help facilitate positive resolution of the protective issue;
- Special needs of any child who is a parent;
- Previous social services offered and/or delivered to the child or the family and the results of same;
- Health/medical care information;
- Schedule of planned SW contacts with the child/parent/caregiver; *and*,
- Visitation schedule between the parent(s) and the child(ren).

*Area of Need*

- Continue to improve on the strengths of this section, by building on the needs identified in Section III.B.3.

Permanency Hearings

*Strengths*

- Permanency Hearings are typically held on the prescribed timeframes because there are few continuances.

*Area of Need*

- Evaluate the permanency decisions made on behalf of a child, particularly the recommendations made at the 12-month and 18-month Review Hearings. The goal is to ensure these recommendations are in the best interests of the child.

Concurrent Planning

*Strengths*

- The CWS policy to provide concurrent planning for all children when: 1) a petition for dependency is filed; 2) the child is placed in out-of-home care; and/or, 3) the court has ordered reunification services. The CWS Pre-Planning Assessment

Unit (PPAU) is responsible for assessing referrals of children for concurrent planning placements.

- The CWS policy to utilize a reunification prognosis tool to determine if a referral for concurrent planning should be made.
- The CWS policy for social workers to address concurrent planning activities in the case plan and Court reports:
    - *Case Plan*: The Initial Case Plan and the Case Plan Updates must contain plans for two tracks: 1) the family reunification track, which describes the services to be provided to assist reunification; and, 2) the permanency planning track, which identifies the child's permanency alternative and the services to be provided concurrently to achieve legal permanency, if reunification efforts fail.
    - *Court Report*: A court report for a case with concurrent planning must meet the following requirements, depending on the type of court report:
        - *Jurisdiction/Disposition Hearing Report* (Social Study): This court report must include both the reunification plan and the permanency alternative plan. The report must also include:
            1. The parent's prognosis for reunification;
            2. Documentation of the social worker's discussion with the parent(s) about the requirement to plan for permanency and reunification concurrently and the parent's option to voluntarily relinquish the child for adoption and participate in adoption planning; *and*,
            3. A statement of the reason(s) (e.g., parent unavailable/unwilling) and the steps made toward legal permanence for the child (e.g., child placed with a relative willing to provide legal permanence or referred to PPAU for placement in a concurrent planning home), if there was no such discussion.
        - *Review Report*: This court report must include an update on the services provided to achieve a permanent placement for the child if efforts to reunify fail.

*Areas of Need*

- Address social workers uncomfortable feelings in discussing the relinquishment of parental rights early in the reunification planning process because it is counterintuitive with the primary goal of reunification;
- Enhance social workers level of understanding regarding concurrent planning through training;
- Assess how regular case management duties impact the practice of concurrent planning at the early onset of the case planning and court process.

- Increase the rate of concurrent placements.

Termination of Parental Rights

*Strengths*

- The CWS Pre-Planning Assessment Unit (PPAU) is very good at identifying whether termination of parental rights is appropriate and if so, determining the best permanent plan for the child. After PPAU completes its assessment, a report is submitted to the Court that details the child's overall functioning, a recommendation regarding the termination of parental rights, and the best permanent plan for the child. The Juvenile Court then determines whether termination of parental rights will proceed and the permanent plan to follow.

*Area of Need*

- Increase social work staff use of the PPAU to ensure that social workers are not making permanency decisions by themselves.

## C. Foster /Adoptive Parent Licensing, Recruitment and Retention

### 1. General Licensing, Recruitment and Retention

Foster Parent Licensing

See section II.A.2 for general information regarding the CWS' Foster Home Licensing program.

Foster Parent Recruitment

*Strengths*

- Foster Parent recruitment is facilitated by Recruitment Specialists, who work with social workers based in the Regional offices. Recruitment is tailored specifically for each region and in collaboration with Family-to-Family. For example, current recruitment activities include:
    - Focusing on recruiting more homes, in particular Spanish-speaking homes, in the Central and North Inland Regions;
    - Partnering with the schools to recruit foster parents in the East Region; *and*,
    - Partnering with the faith-based community to target recruitment for adolescent homes and Spanish-speaking homes in the South Region.
- The CWS Foster Home Licensing program partners with the CWS Adoption program at community events for general recruitment of foster and adoptive homes.

*Area of Need*

- Ensure the County has sufficient numbers and types of foster home placements, for example using recruitment efforts that are based on the County's special needs (e.g., language specific homes, siblings and adolescents).

Foster Parent Retention

*Strengths*

- The County collaborates with the four major foster parent associations in San Diego County to retain foster parents. These foster parent associations provide support, mentoring and advocacy for foster parents.
- CWS operates a mentoring program that pays experienced foster parents to act as mentors to new foster parents.

Relative and Non-Relative Approvals

*Strengths*

- CWS has developed a formal process to conduct relative and non-relative approvals.

STEP 1: Determine the relationship of caregiver to the child.

STEP 2: Assess the home for health and safety standards.

STEP 3: Perform a criminal and child abuse background check.

STEP 4: Assess the caregiver's suitability to adequately provide and care for the child.

STEP 5: Complete an in-home safety inspection.

STEP 6: Provide caregiver orientation and training.

*Areas of Need*

- Obtain clear and accurate assessment instructions from CDSS;
- Continue conducting standardized assessments of homes;
- Continue efforts to document the assessment process in the hard case files and in the CWS/CMS application;
- Provide caregivers with support services to maintain this type of placement stability.
- Ensure the relative approval process is complete before a case is transferred both within and outside the County.
- Provide social workers with formal training on the relative approval process.

Adoption Parent Recruitment

*Strengths*

- A Support Services/Recruitment unit that specializes in recruiting adoptive parents from the community and assisting social workers with finding adoptive homes for harder to place children and siblings.
- A Placement committee that meets weekly to review children who need an adoptive placement.
- A multi-year partnership with KFMB-TV Channel 8 to feature children who are awaiting adoption and adoption success stories on the local news.
- A partnership with Adopt America Network to conduct nationwide searches for adoptive parents.
- A team composed of Adoption, Foster Care Licensing and Family-to-Family staff to participate in and make presentations at community events in an effort to recruit adoptive parents based on the needs of each region.

*Area of Need*

- Ensure the County has sufficient numbers and types of adoptive placements, through continual recruitment efforts based on the County's special needs (e.g., language specific homes; siblings; and adolescents).

Adoptive Parent Retention

*Strength*

- An Adoption Assistance Program that provides financial assistance and Medi-Cal services to adoptive families that helps maintain the adoptive placement.

*Area of Need*

- Maintain the number of adoptive homes by expanding post-adoption support services beyond financial assistance and Medi-Cal services.

**2. Placement resources**

*Strengths*

- CWS has a specialized recruitment effort to find foster and adoptive families, primarily from current foster parents, for drug-exposed infants through its Options for Recovery program.
- The County recently received a grant to recruit more Native American foster and adoptive homes, and has partnered with the Southern Indian Health Council (SIHC) and Indian Health Council (IHC) to develop two Foster Family Agencies (FFAs) within the County to better serve Native American children.
- CWS' Indian Specialty Unit (ISU) conducts outreach at local Native American events to help recruit Native American foster homes.

*Area of Need*

- Specialized recruitment efforts for specific children including:
    - medically fragile children,
    - children with developmental needs;
    - homes that accept large sibling groups.
    - older children
    - sexually reactive children; *and*
    - children with fire-setting problems.

## D. Quality Assurance System

### 1. Existing Quality Assurance System

In February 2004, CWS created a Quality Assurance Unit to ensure that children in foster care placement are provided quality services and to protect their safety and health through evaluation and assessment.

*Strengths*

- A representative from each region staffs the Quality Assurance Unit.
- Regions representatives facilitate the identification of the special needs of each region.
- Provides training and technical assistance to region staff.
- Focused on improving data entry, data analysis and identifying practices that positively improve service delivery; *and*
- Development of relationships with universities' research programs.

*Areas of Need*

- Continue development of the Unit.

## E. Service Array

CWS and the Juvenile Probation division are committed to the delivery of culturally competent, family-centered and child-focused services. To ensure that families receive optimum emergency, prevention and intervention services, CWS and Probation formed a collaborative countywide effort and have partnered with community-based organizations to provide comprehensive support services to families at risk of child abuse, neglect or delinquency. CWS monitors all CWS service contracts that provide prevention and intervention services for families at risk of child abuse and neglect.

## 1. Availability of Services

*Strengths*

- CWS and Juvenile Probation have developed a child-focused, comprehensive network of resources and opportunities to respond to a child's and family's actual needs and unique circumstances.
  - This network collaborates with community-based organizations outside of the traditional child welfare system.
  - Both public and private providers supply services that are readily accessible, culturally appropriate, and responsive to the needs of individual families.
  - Service delivery strategies address neighborhoods with high out-of-home placement rates and other community-related risk factors.
  - Examples of services provided include:
    a) *Independent Living Skills (ILS)*: This program enables eligible youth to achieve self-sufficiency prior to and after exiting the foster care system. Juvenile Probation assigns an ILS Probation Officer to work collaboratively with CWS by conducting assessments as well as completing transitional living plans for each probation youth.
    b) *Information, Assessment & Referral (IAR):* This program was established at the County's 11 Family Resource Centers. The primary goal is to help all HHSA clients access the services and/or information they need.
    c) *Domestic Violence Response Teams (DVRT):* This program addresses domestic violence in particular communities. The services are provided by community-based organizations in conjunction with law enforcement.
    d) *Strategic Therapeutic Parenting Program*: This program offers parenting groups for families with a history or at-risk of domestic violence. Classes are available in all regions in English and Spanish.
    e) *Drug Endangered Children (DEC) Program:* This program co-locates social work staff in law enforcement agencies. Working collaboratively, social workers and law enforcement respond to both planned and unplanned drug related arrests.
    f) *Way Station Program:* This program aims to keep children who are removed from their homes located in their communities, facilitates school continuity, and increases the likelihood of finding permanent placements for these children in their own communities. The program currently exists in the East Region and plans are in process to expand this program countywide in the next fiscal year.
    g) *Community Assessment Teams (CAT):* This program works with families to prevent at-risk youth ages 17 or younger from entering the juvenile delinquency system. CAT teams are comprised of a collaborative group that includes professional counselors, family support workers from community-based organizations and probation officers.

h) *San Diego Adolescent Pregnancy and Parenting (SANDAPP) Program:* This program works with adolescent girls who are pregnant or adolescents of both genders who are parenting. The program provides assessments of the adolescents' needs, develops a plan for meeting those needs, provides linkage for services, monitors the delivery of the services and acts as an advocate for adolescents.

i) *Chadwick Center for Children and Families*: This Center offers programs that provide for the prevention, identification, treatment and rehabilitation of neglected and abused children and women impacted by domestic violence.

j) *Trauma Counseling Services (TCS)*: This program provides advocacy and counseling services to children and families impacted by any type of trauma including child abuse and neglect; domestic, school or community violence; hate crimes; and, witnesses to violence, homicides and other crimes.

k) *Family Support Services Continuum (FSSC*) *Program*: This program provides a continuum of supportive and educational services with the goal of increasing a family's coping skills, promoting positive health and safety outcomes and enhancing self-sufficiency.

l) *Escondido Eastside Community Center:* This Center is the product of a collaborative effort driven by the North Inland Region's Family-to-Family model. The partnership includes CWS, the City of Escondido, the North County Collaborative, and the Escondido Union School District. The Center provides many services to the community. For example, a therapist who works with CWS families at the Center also volunteers to work with the neighborhood school to provide parenting classes and counseling services for local families.

This partnership has had many accomplishments to date, for example:

- A community discussion on how to involve the community in both the planning and implementation of this project
- Neighborhood meetings to discuss this project and what the community can do to help
- Training in neighborhoods to identify and develop natural leaders
- Visits by Community-based organizations to schools to provide services and training to parents and staff
- Foster parent recruitment and retention, which has been an integral part of this project
- Social workers who working directly with schools to improve services and communication
- Faith communities committed to provide services to families and children.

m) *Kinship Support Services Program (KSSP)*: This program supports stability of children living with their extended families. This enables children to remain in their own community, attend neighborhood schools, maintain family ties and friendships, and receive consistent medical care. Kinship children include dependents of the Juvenile Court and children who are at risk of entry into the dependency system. In addition to the provision of services, KSSP operates Kinship Centers where kinship families may receive services or attend supportive activities.

- Services specific to Juvenile Probation include the Breaking Cycles program, a multi-disciplinary, collaborative program of delinquency interventions, which combines community intervention with incarceration. The multi-disciplinary collaboration includes family involvement and parental participation during the entire Breaking Cycles commitment, as well as substance abuse services, mental health treatment and educational services. The program's philosophical foundation includes the use of graduated sanctions. This involves the reduction of reliance on incarceration through the use of community-based and family-focused therapeutic intervention and multi-disciplinary collaboration. The graduated sanctions philosophy also includes services that are responsive to gender and culture as well as offender accountability.

  The Breaking Cycles program has several components through which services are provided to youth involved in the juvenile delinquency system. These components include:

  - custodial programs;
  - community based programs,
  - day treatment program; *and,*
  - home-based programs.

  The multi-disciplinary team that works with the youth:

  - provides a comprehensive assessment that determines program placement, level, intense supervision and intervention required for each individual case; includes the use of the San Diego Regional Resiliency Check-up;
  - reviews Juvenile Court Orders, committing offense, criminal history and social history;
  - evaluates educational achievements and performance to establish educational goals;
  - evaluates mental health treatment needs and reviews past and present treatments the youth has received;
  - conducts individual and family alcohol and other drug screenings to determine the level of risk for substance abuse and treatment needs;

- interviews parents/guardians to assess family history, needs and issues to be addressed in the home environment; *and,*
- develops a family-centered, strength-based case plan for the minor and parents to participate in for the duration of the Breaking Cycles commitment.

*Areas of Need*

Although the County has taken great efforts to make a wide array of services available to children and families, there is a need to:

- continue providing many of the above-mentioned services; *and,*
- evaluate the services to ensure duplication of services is not occurring.

**2. Assessment of Needs and Provision of Services to Children, Parents and Foster Parents**

*Strengths*

- Use of contracted service with a strength-based assessment process approach. This assessment process leads to the development of a service plan that ensures the individual needs of children, parents and foster parents are met and attainable.
- Use of meetings with children, parents and families that can be one-on-one with a social worker, Family Team Meetings, Family Unity Meetings or community meetings and workgroups.
- A pilot whereby the Child Abuse Hotline social work staff and Emergency Response social work staff ask the reporting party strength-based questions during the intake process. The expectation is that this practice will improve family engagement.

**3. Services to Native American children**

*Strengths*

- Services to the Native American population are provided by the Southern Indian Health Council (SIHC), the Indian Health Council (IHC), and the San Diego Native American Health Center (SDAIHC).
- CWS collaborates with all three organizations to ensure Native American children and families receive appropriate services. In 2001, CWS and IHC developed a Memorandum of Understanding, whereby both organizations agree to support one another, combine services and provide interagency referral information.
- CWS has an Indian Specialty Unit (ISU) that:
    - provides culturally appropriate case management services by working with Native American organizations and Tribes;

- meets weekly with SIHC and on a monthly basis with IHC. These meetings bring together CWS and the Native American organizations to discuss cases, service provision, location of family members, problems with access to and utilization of services, and the availability of supportive services;
- meets monthly for child protection meetings. These meetings deal with prevention cases and how the different agencies can work collaboratively to provide services to the family and prevent involvement in the CWS and Juvenile Court. The child protection meetings include, but are not limited to, participants representing CWS, Indian Social Services, school personnel, law enforcement and medical personnel;
- is actively involved with the community to maintain open communication with Native American communities and Tribes located within and outside of the County. Community involvement includes attending cultural events occurring in the community, such as Powwows/gatherings and taking children to funerals of their family members on the reservation;
- provides information and direction to Tribes unfamiliar with how child protection is handled in San Diego.

*Areas of Need*

- Provide additional training regarding the Native American community, the culture and laws, and County policies and procedures that affect Native American children involved in CWS.
- Encourage non-ISU social workers to collaborate with the Indian organizations.
- Improve social workers' access to, and make services more accessible for reservations located in rural areas of the County.

## F. Staff/Provider Training

Staff Training

*Strengths*

- New social workers attend the "Social Worker Initial Training" (SWIT) Series provided by the County's Training and Development Department. The SWIT Series is a six-week Competency Based Training Program (CBTP) designed to ensure all social workers are provided the information necessary to adequately perform their duties.
- Social workers are required to complete 20 hours of training per year and social work managers are required to attend 10 hours of training per year.
- The Public Child Welfare Training Academy (PCWTA) supplements the SWIT Series by providing social work core training. The 17 classes in this training are

based on competencies developed by the California Social Work Education Center (CalSWEC).

Provider Training

*Strengths*

- Foster parents and adoptive parents are provided training through the Grossmont College Foster, Adoption and Kinship Care Education (FAKCE) program. The FAKCE program provides pre-service and on-going special training (e.g., "Love and Logic"; "Appropriate and Positive Discipline") that is available to all foster, adoptive and kinship care parents on a quarterly basis.
- FAKCE classes are taught by a CWS Adoption social worker, a foster home licensing social worker and a foster and/or adoptive parent, and are offered quarterly in English and Spanish.
- New foster parents attend 18 hours of a Parent Resource Information Development Education (PRIDE) series offered through the FAKCE Program.
- Foster parents are required to attend 8 hours of training annually to retain their license.
- Adoptive parents who are not substitute care providers are required to complete 18 hours of PRIDE training through FAKCE and three additional "Special Interest Classes" of their choice, which may include classes on infertility and adult adoptee panels. Adoptive parents are also offered an extensive Attachment Based Parenting class.
- CWS and FAKCE collaborate to provide additional support services to families.

*Area of Need*

- Introduce Family-to-Family concepts in the PRIDE curriculum.

## G. Agency Collaborations

### 1. Collaboration with Public and Private Agencies

*Strengths*

- CWS and the Probation Department collaborate with many community-based organizations to facilitate provision of services to children and families that ensure positive outcomes. A strength of these collaborations is that many of the services are housed together at the County's Family Resource Centers located in each region and some services are located at schools. In addition to the collaborations outlined in Section III.E, other collaborations with public and private agencies include:
    - *Substance Abuse Recovery Management Systems (SARMS)*: This program provides coordinated, comprehensive and timely drug/alcohol

assessment and treatment services to facilitate reunification, maintenance or permanency planning for families. The coordinating agencies include CWS, Juvenile Court, Alcohol and Drug Services and Alternate Public Defenders.

- *County Mental Health - Children's Mental Health Services (CMHS) Initiative*: This Initiative is a prominent component for the system of care for children and youth who are seriously emotionally disturbed, including those with co-occurring substance use disorders. The coordinating agencies are CWS, Children's Mental Health, schools and contracted partners.
- *CalWORKs Interface*: This HHSA policy mandates CWS social workers and the CalWORKs Employment Case Managers consult to ensure that the CWS case plan and the Welfare-to-Work activity plan do not conflict, the client receives necessary services, and services are not duplicated.
- *Local Proposition 10 and First Five Commission:* This Commission oversees the Proposition 10 activities in the County. The Commission is dedicated to ensuring all children in the County who enter school are physically, emotionally, socially and developmentally ready to learn.
- *Commission on Children, Youth and Families (CCYF)*: This Commission was formed by the Board of Supervisors with a mandate to provide a leadership role in identifying and addressing the needs of children, youth and families who are either at-risk for abuse neglect or other risks. The Commission is a cross-agency and cross-sector resource, as well as a public forum for all policy, program and funding issues related to children, youth and families. The Commission has a membership of 41 individuals: 17 public officials, 10 nonprofit or non-governmental organizations, six regional collaborative representatives, five members at-large, and three consumers. The Commission's committees include:
    - *The Child Abuse Prevention Coordinating Committee* brings together professionals and community members concerned about prevention and treatment of child abuse and neglect to create a community where families are supported and children are safe and healthy.
    - *The Child Welfare Redesign Steering Committee* ensures the well-being of each child and youth by facilitating and coordinating the development of a responsive child welfare system in which public, private and community partners share responsibility.
    - *The Housing Committee* focuses on the need for policies and programs to assure housing needs of children and families are met and receive sustainable support.
    - *The Education Committee* provides oversight to the coordination and educational development of all children within the dependency and delinquency system.

- *The Executive Committee* provides direction to Commission staff and makes interim decisions on issues that require timely action.

➢ In addition, to the above-mentioned, countywide collaboration is reflected in the following Regional programs:

*Family-to-Family*: CWS implemented a successful Family-to-Family program in 2001. Presently, there are a variety of Family-to-Family program activities in each Region including Family Team Meetings (out-of-home placement), Community/Neighborhood Partnerships (schools, churches, local agencies and businesses), local/Targeted Foster Home recruitment, and partnerships with Foster Family Caregivers.

In 2004, CWS will further the success of the Family-to-Family program by working with the Annie E. Casey Foundation. Implementing Family-to-Family through the Annie E. Casey Foundation will provide CWS with evidence-based expertise and technical assistance to fully implement the Family-to-Family strategies and improve outcomes for children and families. The program also focuses on:

- recruiting, training and retaining foster care families in neighborhoods where placements are needed;
- building community partnerships;
- building a framework for and increasing family engagement; *and,*
- evaluating and learning from results.

➢ Other collaborations include the:

- *San Pasqual Academy,* a residential/educational campus for older foster youth. It was designed through a collaborative process and was implemented based on recommendations from over 120 stakeholders that included: current and former foster youth, foster parents, biological parents, judicial officers, law enforcement agencies, attorneys, social workers, probation officers, community based organizations, County Office of Education and CWS programs. The Academy is currently a collaborative partnership between New Alternatives, Inc., County Office of Education, San Diego Workforce Partnership and CWS.
- *HealthLink*, the County's strategy to improve health and education outcomes for school children countywide. Through HealthLink, a variety of public and private organizations come together in a coordinated effort to address the linkages between health, school attendance and learning for more than 488,000 children in over 600 schools across 42 school districts. HealthLink helps strengthen collaboration among county agencies serving children and families, local school districts, County Office of Education, health plans, healthcare providers and other community organizations.

## 2. Interaction with Local Tribes

Please see Sections II.C.4 and III.E.3 for a discussion regarding the County's interaction with local tribes and the Native American communities.

# IV. COUNTYWIDE PREVENTION ACTIVITIES AND STRATEGIES

CWS monitors all CWS service contracts that provide prevention and intervention services for families at risk of child abuse and neglect.

## A. Countywide Primary Prevention Efforts

Family Support Services Continuum (FSSC) program

The FSSC program is targeted to families at high risk for entering the child welfare system. It provides Early Intervention Family Support Services and Family Intervention and Developmental Support Services.

- *Early Intervention Family Support Services* are designed for families whose current level of child abuse falls below the threshold for mandatory intervention, but in which there is a risk of increased abuse in the absence of help. Participation in services is voluntary and the services provided include home visiting services, parent education, budgeting and money management and education on health related issues.
- *Family Intervention and Developmental Support Services* augment the assessment and mandated case management activities performed by CWS. The services are primarily home-based and the goal is to ensure that home environments are free from child abuse and neglect. Developmental support services target children ages six and younger and identified as developmentally delayed for their age group.

Family Preservation and Support Program (FPSP)

FPSP provides primary prevention services based on the guidelines for the federal Promoting Safe and Stable Families funding stream. The three service categories are:

- *Family Preservation* services which are short term, crisis intervention focused services,
- *Family Support* services which are longer term and focus on strengthening family systems; a*nd*
- *Post-adoption Support* services that focus on strengthening adoptive families and ensuring permanency for adopted children.

Kinship Support Services Program (KSSP)

KSSP also provides prevention and intervention services. See Section III.E.1 for a discussion on KSSP. As discussed in section III.E.1, this is a comprehensive network of resources that focus on prevention and intervention for families at risk of entering the child welfare and the delinquency systems.

## B. Prevention Partnerships

The County has a long history of community-based prevention partners who share knowledge, resources and responsibility to protect the safety of children and preserve the viability of individual families. These include a broad range of traditional and non-traditional partners that span across multiple public and private agencies and disciplines (e.g., grass root organizations, parents, faith-based organizations, civil leaders, and

business) but share a common vision for the protection and well-being of children and are willing to work in a collaborative manner. These partnerships include broad community input and participation in decision-making.

These partnerships can be viewed on two distinct levels: (1) Countywide and (2) Neighborhood. The Countywide Partnership is broader and inclusive of multiple neighborhood perspectives, while the Neighborhood Partnership is reflective of a specific locale perspective. Please see Section III.G.1 for a discussion of the County's countywide collaborations with public and private agencies.

Each region has developed or is in the process of developing Neighborhood partnerships. For example:

*North Central Region* has:

- co-located social workers at schools that have a high rate of removals;
- co-located social workers at the police department, in a military housing development and at two different community centers;
- developed close working relationships with the military community and with the Bayside Community Center, which provide self-improvement, educational and health-related programs to individuals in the community; *and;*
- partnered with five distinct faith-based organizations in the Region's highest at-risk child abuse areas.

*Central Region*:

- has established is discussing linkages with the Family Justice Center. The Family Justice Center is the most comprehensive "one stop shop" in the nation for victims of family violence and their children;
- is developing a continuum of services and programs designed to reduce the rate of homeless episodes experienced by families,
- has a School Cluster Model in development to assign child abuse referrals by school cluster and assist in foster parents recruitment; *and*;
- has Health Link Central, a partnership between school districts and county staff designed to identify and resolve barriers to service.

*East Region* has:

- created the Families and Seniors Together (FAST) Pilot Project, which is designed to assist parents, children and the family to maintain the progress gained during the reunification process, transition to the appropriate ways to live and continue to establish a solid family life;
- established the Human Service Council (HSC) that addresses community problems, provides advocacy voice, improves communication and coordination of services, and generates projects to meet community need. HSC is composed of community providers, families, at large stakeholders, faith organizations, schools and government agencies. A subgroup of HSC is the

Multi-Systems Workgroup that provides a public-private partnership platform to maximize efforts toward building neighborhood capacity to support at-risk children and families and improve child welfare services outcomes.

*North Coastal* and *North Inland Regions* have:

- the Child Assessment Network North (CANN), which is designed to provide prevention, assessment and intervention services for North County children age 0-17 who are in need of protective custody. CANN was developed through a community partnership between CWS, New Alternatives, Green Oak Ranch, Casa de Amparo, North County Collaborative and other community partners with the goal of keeping North County children in North County communities; *and,*
- the Escondido Community Center – Please see Section III.E.1 for discussion on this Center.

*South Region* has:

- co-located staff at a high school to provide services to at-risk children and families;
- developed partnerships with school-based collaboratives by attending Student Attendance Review Board (SARB) meetings, acting as a liaison to discuss children and families possibly at-risk, and also working to recruit foster homes;
- developed the School Cluster Model to create additional linkages to area schools and to assist in foster parent recruitment; *and;*
- established a partnership with YMCA Family Stress Center Kinship Center to serve kinship families and keep children out of the Juvenile Court dependency system.

## C. Strategies for the Future

The County's strategy for the future expands current efforts to provide services through collaboration with community-based partners. To that end, the County has created the Community Services for Families (CSF) contracts. The history of the CSF contracts predates to fiscal year 2002-2003, when CWS and the Commission on Children, Youth and Families (CCYF) identified a need to evaluate CWS' contracted programs, and determine if there were duplications or gaps in services and whether they were the most efficient use of available funding.

As a result of that evaluation, CWS completed an innovative 18-month, countywide, community driven planning process to define and develop a continuum of support services for families at-risk of child abuse or neglect. The planning process was all encompassing and included, among others, consumers, community-based organizations and CWS staff.

The result of the planning process was the creation of the CSF contract designed to provide a continuum of services through collaborative entities composed of community-based partners and County staff. This contract also includes a plan for ongoing expansion and strengthening of the collaboratives through activities to identify and train

community leaders in high-risk neighborhoods. The County anticipates the CSF contracts will become operational in September 2004.

The contract is to be implemented regionally by incorporating countywide and region-specific priorities into a service designed to preserve a family's connection to their support system and community. The CSF contractors will provide prevention and intervention support services through the direct provision of services and by subcontracting of services through other community partners.

Five outcomes were established for the CSF contract. The County developed objectives for each outcome to support several efforts currently in place for children and families. The outcomes include (1) child safety, (2) child well-being, (3) permanency, (4) stable living environments, and (5) development of community involvement. These outcomes and objectives were established to coincide with the priorities of the C-CFSR and CWS Redesign.